

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000097514

1. Corporation Name

WEBDESIGN2020.COM, INC.

Principal Place of Business

16400 COLLINS AVE., #2544  
SUNNY ISLES BEACH FL 33160

Mailing Address

16400 COLLINS AVE., #2544  
SUNNY ISLES BEACH FL 33160

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/05/1999

5. FEI Number

65-0961241

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	VANDERLEM, STANLEY	16400 COLLINS AVE., #2544	SUNNY ISLES BEACH FL 33160
D	VAN DE WOUW, DAVE <i>President</i>	16400 COLLINS AVE., #2544	SUNNY ISLES BEACH FL 33160
			900004533958-6 -08/14/01-01054-004 ***\$300.00 ***\$300.00
			REINSTATEMENT 00-0178

8. Name and Address of Current Registered Agent

COHEN, JEFFREY ROY ESQ.  
297 SUNNY ISLES BLVD.  
SUNNY ISLES BEACH FL 33160

9. Name and Address of New Registered Agent

Name  
Dave Van De Wouw  
Street Address (P.O. Box Number is Not Acceptable)  
1151 West Lake Street  
Suite, Apt. #, Etc.  
City  
Hollywood  
State  
FL  
Zip Code  
33019

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 05-17-01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED40 (9/00)