

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

19 APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10/26

97 OCT 27 PM 3:21

DOCUMENT # 150299

1. Corporation Name  
W.L.B., INC.

Principal Place of Business Mailing Address  
10 SOUTH MAIN STREET 10 SOUTH MAIN STREET  
PO BOX 485 PO BOX 485  
CHIEFLND FL 32644 CHIEFLND FL 32644  
US US



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

2. New Principal Office Address, If Applicable 1825 N. Young Blvd. Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable P. O. Box 485 Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 03/04/1947	
City & State Chiefland, FL		City & State Chiefland, FL		5. FEI Number 59-0575613	
Zip 32626	Country	Zip 32644	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
STD	BAYNARD, ELEANOR	10 S. MAIN STREET	CHIEFLND FL
STD	BAYNARD, ELEANOR	1825 N. Young Blvd.	Chiefland, FL 32626
PD	BAYNARD, OWEN F.	10 S. MAIN STREET	CHIEFLND FL
PD	BAYNARD, OWEN F.	1825 N. Young Blvd.	Chiefland, FL 32626
			4000002333244-- 4
			-10/29/97--01127--008
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

BAYNARD, OWEN F  
10 S MAIN ST  
CHIEFLAND, FL  
32644

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
1825 N. Young Blvd.  
Suite, Apt. #, Etc.  
City Chiefland State FL Zip Code 32626

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  
Owen F. Baynard, President

Date October 24, 1997

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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

10/24/97  
Date

352-493-2676  
Daytime Phone #

CR2E040 (8/97)