

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **# 277598**

1. Corporation Name

**BILLY'S SHELL SERVICE, INC.**

Principal Place of Business

**1521 NW 13TH STREET  
GAINESVILLE, FL 32601**

Mailing Address

**SAME**

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

2. New Principal Office Address, If Applicable

**N/A**

Suite, Apt. #, etc

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

**N/A**

Suite, Apt. #, etc

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**JUNE 21, 1964**

5. FEI Number

**59-1032271**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRE ☒

**\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
<b>D/P</b>	<b>WILLIAM L. PHILLIPS</b>	<b>6522 NW 32ND STREET</b>	<b>GAINESVILLE, FL 32653</b>
<b>S/T</b>	<b>RHODA P. GOUGE</b>	<b>9616 SW 17TH AVENUE</b>	<b>GAINESVILLE, FL 32607</b>

**ENCLOSURE 2786145-4**  
**02/24/99-01093-012**  
**\*\*\*1058.75 \*\*\*1058.75**

8. Name and Address of Current Registered Agent

**BILLY J. GOUGE  
9616 SW 17TH AVENUE  
GAINESVILLE, FL 32607**

9. Name and Address of New Registered Agent

Name  
**WILLIAM L. PHILLIPS**  
Street Address (P.O. Box Number is Not Acceptable)  
**6522 NW 32ND STREET**  
Suite, Apt. #, Etc

City  
**GAINESVILLE**

State  
**FL**

Zip Code  
**32653**

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 **2/22/99**

11. This corporation owes 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  
**WILLIAM L. PHILLIPS**

**2/22/99**  
Date

**(352) 372-4249**  
Daytime Phone #

CR2E081 (12/98)