

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # 286811

1. Corporation Name

W & L B INC

Principal Place of Business

1321 S.E. HIGHWAY 19
P.O. BOX ~~600~~ 546
CRYSTAL RIVER FL 34423
US

Mailing Address

1321 S.E. HIGHWAY 19
P.O. BOX ~~600~~ 546
CRYSTAL RIVER FL 34423
US

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.

P.O. BOX 546

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

11/04/1964

5. FEI Number

59-1093049

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)

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
P	BUNTS, WALTER E	1321 SOUTH HIGHWAY 19	CRYSTAL RIVER FL
S	BUNTS, LUCILLE C	1321 SOUTH HIGHWAY 19	CRYSTAL RIVER FL
D	BUNTS, WALTER A.	1321 SOUTH HIGHWAY 19	CRYSTAL RIVER FL
D	ROBERTS, JANET	1321 SOUTH HIGHWAY 19	CRYSTAL RIVER FL

8. Name and Address of Current Registered Agent

BUNTS, WALTER E
1321 S.E. HIGHWAY 19
CRYSTAL RIVER FL 32629

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

P.O. BOX 546

City

State
FL

Zip Code

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

Walter E Bunts

REGISTERED AGENT MUST SIGN

Date **11-9-97**

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:

Walter E Bunts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-9-97 352 795-4590



REINSTATEMENT 91

APPROVED
AND
FILED

97 NOV 12 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (8/97)