## 2009 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT# 312235** 

Title:

Name:

Address:

City-St-Zip:

( ) Delete

954 E SILVER SPRINGS BLVD

WILLIAMS, REUBEN S IV

OCALA, FL 34470

FILED Oct 09, 2009 Secretary of State

Entity Name: BO WILLIAMS BUICK, INC.	
Current Principal Place of Business:	New Principal Place of Business:
2060 SW S.R. 200 OCALA, FL 34474	
Current Mailing Address:	New Mailing Address:
P.O. BOX 668 OCALA, FL 34478	
FEI Number: 59-1157005 FEI Number Applied For ( ) FEI Num	nber Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
WILLIAMS, R.S., III 1574 SE 7TH STRET OCALA, FL 34471 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	
SIGNATURE: R.S. WILLIAMS III  Electronic Signature of Registered Agent	 Date
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Election Campaign Financing Trust Fund Contribution ( ).	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title:       PD       ( ) Delete         Name:       WILLIAMS, R S (III)         Address:       1574 SE 7TH STREET         City-St-Zip:       OCALA, FL 34471	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title:         STD () Delete           Name:         WILLIAMS, SARAH P.           Address:         1574 SE 7TH ST           City-St-Zip:         OCALA, FL 34471	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

VD

MCMICHAEL, JOHN F

1520 SE 5 ST

OCALA, FL 34471

(X) Change ( ) Addition

SIGNATURE: JOHN F MCMICHAEL DIR 10/09/2009