

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 16 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **396518**

1. Corporation Name

WILLIAM ERWIN, INC.

Principal Place of Business

Mailing Address

5201 NORWOOD AVE
JACKSONVILLE FL 32208
US

5201 NORWOOD AVE
JACKSONVILLE FL 32208
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/1972

5. FEI Number

59-1450440

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	4 City / State / Zip
PD	ERWIN, W. W.	5201 NORWOOD AVENUE	JACKSONVILLE FL
VP	ERWIN, W.W., JR.	5201 NORWOOD AVENUE	JACKSONVILLE FL

400023856944
10/16/03--01054--020 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ERWIN, WILLIAM W
7603 LEM TURNER RD
JACKSONVILLE FL 32208

Name

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

Suite, Apt. #, Etc.

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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 #

CR20040 (7/03)

William Erwin, Inc.

5201 Norwood Avenue
Jacksonville, Florida 32208
Telephone 904-768-3200

October 13, 2003

Florida Department of State
Post Office Box 6327
Tallahassee, Florida 32314-6327

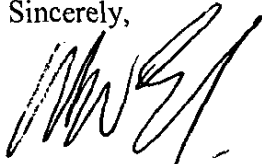
Re: Annual Report

Dear Sir / Madame:

Please be advised that our annual report was mailed 1-30-2003. It appears that it is lost, as our check has not cleared. Please find our reinstatement application along with our replacement check.

Thank you for your cooperation.

Sincerely,



William W. Erwin, Jr.
Vice President

WWEjr/br