

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 # 417610**

1. Corporation Name  
**Asphalt Sealing & Striping, Inc.**  
**1726 NE 8th Avenue**  
**Ocala, FL 34470**

Principal Place of Business  
**1726 NE 8th Avenue**  
**Ocala, FL 34470**

Mailing Address  
**PO Box 1266**  
**Ocala, FL 34478**

**FILED**

**98 MAY -1 AM 11:00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

76-98  
ad

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1-30-93	
City & State		City & State		5. FEI Number	
Zip		Zip		59-1458016	
Country		Country		Applied For	
				Not Applicable	
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	Joseph Williams	4501 SE 7th Place Ocala, FL 34471	Ocala, FL 34471
DS	Betty Williams	4501 SE 7th Place	Ocala, FL 34471

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05/12/98 01016-013  
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8. Name and Address of Current Registered Agent

**Betty Williams**  
**4501 SE 7th Place**  
**Ocala, FL 34471**

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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 *Betty Williams*  
REGISTERED AGENT MUST SIGN

Date *4/29/98*

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:

*Joseph Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Williams, President

4-29-98 (352) 732-0900  
Date Daytime Phone #

CR2E040 (1/98)