

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **680944**

1. Corporation Name

WILLIAM HARGREAVES CORPORATION

Principal Place of Business

499 S.R. 434
SUITE 2015
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

PO BOX 607691
ORLANDO FL 32860-7691
US

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

2. New Principal Office Address, If Applicable

11 N CENTRAL AVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

APOPKA, FL

City & State

Zip 32703

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

08/04/1980

5. FEI Number

59-2043168

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	HARGREAVES, GORDON	#6 OAKLEY PARK	GREATER MANCHESTER, UK
ST	FAIRHURST, JOHN EDWARD	#4 COX GREEN CLOSE	GREATER MANCHESTER, UK
VD	HEALEY, CHRISTOPHER J.	113 DARWEN ROAD	GREATER MANCHESTER, UK
V	CANNON, JAMES M.	3819 FALLING LEAF LANE	ORLANDO FL
ASV	WILLIE, PATRICIA	11 N. CENTRAL AVENUE	APOPKA FL

8. Name and Address of Current Registered Agent

WILLE, PATRICIA
11 NO CENTRAL AVE
APOPKA FL 32703

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

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

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 #