

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 712771		
1. Entity Name SIR WILLIAM APARTMENTS, INC.		

Principal Place of Business 1701 BUCHANAN ST. 604 HOLLYWOOD, FL 33020-4010 US	Mailing Address 1701 BUCHANAN ST. HOLLYWOOD, FL 33020-4010 US
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2. Principal Place of Business Sir William Apartment Suite, Apt. #, etc. #404 City & State Hollywood Zip 33020 Country Broward	3. Mailing Address 1701 Buchanan St Suite, Apt. #, etc. #404 City & State FL Zip 33020 Country Broward
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6. Name and Address of Current Registered Agent JOHN D. VERMILLION 1701 BUCHANAN STREET APT #702 #704 HOLLYWOOD, FL 33020	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
DATE _____	

FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHN D VERMILLION 1701 BUCHANAN ST #702 #704 HOLLYWOOD, FL 33020 ☒ Delete ☒ Keep	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400043094294 12/01/04--01013--005 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MIHLEN, ROSE E 1701 BUCHANAN ST 403 HOLLYWOOD, FL 33020 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RINELLA, CAROL T 1701 BUCHANAN ST #602 #404 HOLLYWOOD, FL 33020 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: John D. Vermillion John D. Vermillion 11-29-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

FILED
04 DEC -2 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10272004 REIN-NP CR2E099 (6/04)

4. FEI Number
59-1265688
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

11-2904

Florida Department of State
Glenda E. Hood - Secretary of State

To Whomever it may concern;

We did not receive the initial
Payees billing us for \$61.25.

Consequently we did not
mail the fee.

Will you please waive the
reinstatement fee since
we have a record of always
paying on schedule.

Carol J. Penell
Treasurer