

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 DEC 22 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G40248**

1. Corporation Name

SQUARE W, INC.

Principal Place of Business

Mailing Address

~~814 S. DALE MABRY HWY~~ OK
TAMPA FL 33609

~~814 S. DALE MABRY HWY.~~
~~TAMPA FL 33609~~
11405 TULLAHAMORE P.
TEMPLE TERRACE, FL 33617

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

2. New Principal Office Address, If Applicable
11405 TULLAHAMORE P.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
11405 TULLAHAMORE P.
Suite, Apt. #, etc.
Temple

REINSTATEMENT 98

4. Date incorporated or Qualified
To Do Business in Florida

04/22/1983

5. FEI Number

59-2328638

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	2	3	4
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
PD	WILLIAMS, WALTER F	814 S. DALE MABRY 6330 Wood Spray Ln.	TAMPA FL 33617 Temple Terrace FL
CD	WILLIAMS, WALLACE	814 S. DALE MABRY 11405 TULLAHAMORE P.	TAMPA FL Temple Terrace FL 33617
STD	WILLIAMS, MARLENE	814 S. DALE MABRY 11405 TULLAHAMORE P.	TAMPA FL Temple Terrace FL 33617

0000002725640-3
-12/29/98-01093-005
***758.75 ***758.75

DR 12/28

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAMS, WALTER F
814 S. DALE MABRY
TAMPA FL 33609
6330 Wood Spray Ln.
Temple Terrace FL
33617

Name
Williams, Walter F
Street Address (P.O. Box Number is Not Acceptable)
6330 Wood Spray Ln.
Suite, Apt. #, Etc.
City
Temple Terrace
State
FL
Zip Code
33617

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

W. Williams
NOT REQUIRED
REGISTERED AGENT MUST SIGN

Date

1/19/98

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:

W. Williams
NOT REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/19/98
813
985-0981
Daytime Phone #