

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 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H20953

1. Corporation Name

WILLI'S DRYWALL, STUCCO, & STONE, INC.

Principal Place of Business

Mailing Address

6716 E. GENTRY STREET  
INVERNESS FL 32652

3527 EAST GLENN STREET  
INVERNESS FL 34453  
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

4964

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4964 STEVENSON CT

City & State

City & State

INVERNESS, FL

Zip

Country

Zip

Country

34452

CITRUS

4. Date Incorporated or Qualified  
To Do Business in Florida -

09/13/1984

5. FEI Number

59-2530933

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MEDERER, WILLI	6716 E. GENTRY ST. 4964 STEVENSON CT	INVERNESS FL 34452
V	MEDERER, WILLI	6716 E. GENTRY ST. 4964 STEVENSON CT	INVERNESS FL 34452

800023853448  
10/16/03-01038-011 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SUTTEN, JAMES  
605 SOUTH HIGHLAND AVENUE  
INVERNESS FL 34452

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. or 617.0505, F.S.

Signature of  
Registered Agent

*James Suttin*  
REGISTERED AGENT MUST SIGN

Date 10-11-2003

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:

*Willi Mederer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Oct 4 2003*

(352) 126-8774

CR2E040 (7/03)


Willie's Dry Wall, Stuco & Stone  
4964 E Stevenson Ct.  
Inverness, FL. 34452

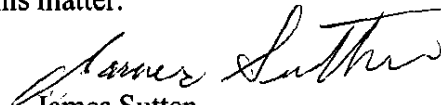
Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL. 32314-6327

October 11, 2003

This is to certify, that we never received the two prior uniform business repot notices.

Thank you for your cooperation in this matter.

  
Willi Mederer  
President

  
James Suttan  
Registered Agent