

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

99 MAR 15 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # H85670**

1. Corporation Name

**WILLOUGHBY BACKHOE SERVICE CORP.**

Principal Place of Business

Mailing Address

5349 CARTER STREET  
ORLANDO FL 32811  
US

5349 CARTER STREET  
ORLANDO FL 32811  
US



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

**REINSTATEMENT 08-99**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**200 E. ROBINSON STREET**  
**SUITE 500**  
**ORLANDO, FL**  
**32801** **USA**

4. Date Incorporated or Qualified To Do Business in Florida

11/08/1985

5. FEI Number

59-2670845

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<del>PST</del>	WILLOUGHBY, MICHAEL D.	5349 CARTER STREET	ORLANDO FL
<del>DVP</del>	WILLOUGHBY, W. L.	6007 DENSON DR.	ORLANDO FL
PSTD	Willoughby, Michael.	5349 CARTER STREET	ORLANDO, FL 32811
			200002814272--5
			-03/22/99--01143--019
			****900.00 ****900.00
			JB 3-17-99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**FLORIDA CORPORATE SUPPORT INC**  
**200 EAST ROBINSON STREET**  
**SUITE 500**  
**ORLANDO FL 32801**

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
**FL**

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

*By: [Signature] ASST. SEC.*  
REGISTERED AGENT MUST SIGN

Date: 3/10/99

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:

*Michael D. Willoughby*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Michael D. Willoughby

2/24/99 401-298-3686  
Typed Name & Phone #

CR2E040 (9/98)