

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 28 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J26015**

1. Corporation Name

**BILLY BOY'S, INC.**

Principal Place of Business

1419 2ND AVE  
DELAND FL 32724

Mailing Address

1419 2ND AVE  
DELAND FL 32724



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

**REINSTATEMENT**

03

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/24/1986

5. FEI Number

59-2722511

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
PT	WELLS, JACK E	1419 2ND AVE	DELAND FL 32724
VS	WELLS, SANDRA R	1419 2ND AVE	DELAND FL 32724

400024189174  
10/28/03 01016 007 \*\*150.00

10/31

8. Name and Address of Current Registered Agent

WELLS, JACK E  
1419 2ND AVE  
DELAND FL 32724

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Jack E. Wells Pres.*  
REGISTERED AGENT MUST SIGN

Date

10-24-03

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:

*Jack E. Wells Pres.* 10-24-03 407 832-7064  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

Oct. 24, 2003

To whom it may concern,

I have two corporations that have been dissolved and need to get them reinstated. Billy Boys, Inc. Document # J26015 and Indus Ventures, Inc. Document # P01000019999. To my knowledge I received no paperwork on either business. My mailing address is 1419 2<sup>nd</sup> Ave. Deland, Fl. 32724. If you need more information you can contact me at 386-738-1743.

Thank You,  
Jack Wells

A handwritten signature in cursive script, appearing to read "Jack Wells", written over a horizontal dashed line.