

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K88432

1. Corporation Name

WILLIAMS BUS SERVICE, INC.

Principal Place of Business

C/O JIMMY WILLIAMS  
9105 103RD ST.  
JACKSONVILLE FL 32210

Mailing Address

C/O JIMMY WILLIAMS  
9105 103RD ST.  
JACKSONVILLE FL 32210

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

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

FILED

97 DEC 31 11:11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

05/16/1989

5. FEI Number

59-2951515

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	WILLIAMS, JIMMY	9105 103RD ST.	JACKSONVILLE FL
D	WILLIAMS, BERNICE	9105 103RD ST.	JACKSONVILLE FL

500002391635-1  
-01/06/98--01095--003  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

8. Name and Address of Current Registered Agent

WILLIAMS, JIMMY  
9105 103RD STREET  
JACKSONVILLE FL 32210

9. Name and Address of New Registered Agent

Name

500002391635-1  
-01/06/98--01095--004

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

\*\*\*\*\*8.75 \*\*\*\*\*8.75

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

*Jimmy Williams*  
REGISTERED AGENT MUST SIGN

Date 12-29-97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-29-97  
Date

Daytime Phone #

CR2E040 (8/97)