

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

12 DEC 11 PM 4:48

DOCUMENT # 11108800 1823

1. Corporation Name

Willie Service Center Inc.

REINSTATEMENT 2012

2. Principal Office Address - No P.O. Box #

105 S. Mays St

Suite, Apt. #, etc.

Perry, FL

City & State

Zip

32348

Country

USA

3. Mailing Office Address

105 S. Mays St

Suite, Apt. #, etc.

City & State

Perry, FL

Zip

32348

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

27-5125901

Applied For

Per Applicable

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Willie J. Barnes

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

105 S. Mays St

Suite, Apt. #, Etc.

City

Perry

State

FL

Zip Code

32348

900242651019  
12/11/12--01021--009 \*\*\$1.25

900242651019  
12/11/12--01021--008 \*\*\$75.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Willie J. Barnes

REGISTERED AGENT MUST SIGN

Date 12/17/2012

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Willie J. Barnes	105 S. Mays St	Perry, FL 32348
D	Irene B. Barnes	105 S. Mays St	Perry, FL 32348
D	Irene H. Barnes	105 S. Mays St	Perry, FL 32348

10. E-mail Address:

(To be used for future annual report notification)

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 in 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Willie J. Barnes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/2012

Date

Daytime Phone #

850-584-3152

DEC 11 2012

D. BUTLER