

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 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000011042**

1. Corporation Name

WILD BILL'S USED, INC.

Principal Place of Business

Mailing Address

1923 B 63RD AVE. E.
BRADENTON FL 34203

1923 B 63RD AVE. E.
BRADENTON FL 34203



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

4. Date Incorporated or Qualified
To Do Business in Florida

01/27/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0997284

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
PS	ARROWSMITH, WILLIAM E	8110 TIMBERLAKE LANE	SARASOTA FL 34243

500023855375
10/16/03--01050--006 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARROWSMITH, WILLIAM E
8110 TIMBER LAKE LANE
SARASOTA FL 34243

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

William E. Arrowsmith
REGISTERED AGENT MUST SIGN

Date **10-10-03**

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: *William E. Arrowsmith* **William E. Arrowsmith**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-10-03** 941-7392855
Daytime Phone #

CR2E040 (7/03)

**Wild Bill's Used, Inc.
1923 63rd Avenue East
Bradenton, FL 34203
941-739-2855**

October 10, 2003

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

To whom it may concern:

Please be advised that we did not receive the first two Uniform Business Report Notices. This is the first notice we received regarding renewal of our corporation. Enclosed please find our Application for Reinstatement and fees in the amount of \$150.00, as requested in the Notice of Administrative Dissolution or Revocation.

Sincerely,



William E. Arrowsmith
President

Enclosures