

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 18 AM 8:39

DOCUMENT # P00000070002

1. Corporation Name

LOUIS B. BILLS ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~810 LANE~~
PALM BEACH GARDENS FL 33418

~~810 LANE~~
PALM BEACH GARDENS FL 33418



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

07/20/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State
PALM BEACH GARDENS FL

City & State
PALM BEACH GARDENS FL

65-1030567

Not Applicable

Zip
33418

Country
USA

Zip
33418

Country
USA

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	City / State / Zip
1	2	3	4
Pres	LOUIS B. BILLS, JR.	810 8TH LANE PALM BEACH GARDENS, FL 33418	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BILLS, LOUIS B
~~810 LANE~~
PALM BEACH GARDENS FL 33418

Name
Bills, Jr. Louis B.
Street Address (P.O. Box Number is Not Acceptable)
810 8TH LANE
Suite, Apt. #, Etc.

Palm Beach Gardens

State
FL

Zip Code
33418

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/15/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LOUIS B. BILLS, JR.

10/15/01 561-627-5066
Date Daytime Phone #

CR2E040 (8/01)

10/15/01

To: Div. of Corp.

Re: Enaloid application
LOUIS B. BILLS ENTERPRISES, Inc.

According to a phone call to your office today, you sent me a letter on 9/14/01 because I hadn't listed the officers in my corp. There is one:

Louis B. Bills, TR.

810 8TH LANE

Palm Beach Gardens, FL 33418

In addition the address should be changed to the above.

[Signature]