

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000105293

1. Corporation Name

BILL RENTS IT INC.

Principal Place of Business

3202 CANAL PL  
LAND O LAKES FL 34639

Mailing Address

3202 CANAL PL  
LAND O LAKES FL 34639

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/16/2001

5. FEI Number

880341172

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	4 City / State / Zip
P	LEWIN, WILLIAM R II	3202 CANAL PL	LAND O LAKES FL 34639

8. Name and Address of Current Registered Agent

LEWIN, WILLIAM R II  
3202 CANAL PL  
LAND O LAKES FL 34639

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

CH2E040 (8/02)

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 R. Lewin*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

10-21-02

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 R. Lewin*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-21-02

Daytime Phone #

2012

Bill Rents It, Inc.  
3202 Canal Place  
Lank 'O Lakes, FL 34639

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


October 18, 2002

Dear Sirs:

Enclosed is the documentation and the check for \$150 fee for a for-profit corporation. If the UBR notices were sent, I did not receive them. This contact is the first such contact that I have made concerning filing and filing fees.

After the first of the year, there were several unpleasant events that transpired that required some staff reorganization. I can assure you that this will not happen again in the future.

Respectfully,

  
William R. Lewin II, d.b.a BillRentsIt