

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02000019186**

1. Corporation Name

**W. C. HALL, INC.**

Principal Place of Business

**3005 SAN MARCO AVENUE  
ST. AUGUSTINE FL 32084**

Mailing Address

**3005 SAN MARCO AVENUE  
ST. AUGUSTINE FL 32084**

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.

**300 1/2 San Marco Ave**

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

**300 1/2 San Marco Ave**

City & State

Zip

Country

**FILED**

**03 DEC -8 AM 9:10**

SECRETARY OF STATE  
FLORIDA

**REINSTATEMENT**

**03**



**900025312019**

**12/08/03--01014--006 \*\*150.00**

4. Date Incorporated or Qualified  
To Do Business in Florida

**02/18/2002**

5. FEI Number

**03-0412651**

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
<b>D</b>	<b>HALL, WARREN C</b>	<b>4950 AVENUE D</b>	<b>ST. AUGUSTINE FL 32095</b>
<b>O</b>	<b>JORDAN, SHARI</b>	<b>230 YARBROUGH CIR.</b>	<b>ST. AUGUSTINE, FL 32095</b>

8. Name and Address of Current Registered Agent

**HALL, WARREN C  
4950 AVENUE D  
ST. AUGUSTINE FL 32095**

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

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

**Warren C. Hall**  
REGISTERED AGENT MUST SIGN

Date **11-10-03**

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:

**Shari Jordan**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/10/03**

Date

Daytime Phone #

**904-824-8961**

**904-540-1543**

CR2040 (7/03)



**W. C. Hall Inc. D/B/A**

**Wizards Auto and Truck Repair**

**300 1/2 San Marco Avenue**

**Saint Augustine Florida 32084**

**Phone: 904-824-8961**

**Fax: 904-824-8510**

Dear Sir or Mam:

The mailing address you have for me is incorrect. You have it as 3005 San Marco Avenue. The correct number is 300 1/2 San Marco Avenue. Please change that for me so I don't have this problem again. So as a result of having the wrong address I did not receive my Incorporation renewal notice. So

PLEASE accept my check and renew my Incorporation status. Also I would be very grateful if you would update my address.

Thank you very much

Warren C. Hall

*Warren C. Hall*