

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

300 1/2 San Marco Ave.

City & State

Zip

Country

Zip

Country

REINSTATEMENT

FILED
03 DEC - 8 AM 9: 10

SECRETARY OF STATE
FLORIDA

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)

Title(s)	1	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director	4	City / State / Zip
D	HALL, WARREN C			4950 AVENUE D			ST. AUGUSTINE FL 32095
O	JORDAN, SHARI			230 YARBROUGH CIR.		32095	ST. AUGUSTINE, FL

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

CR2040 (7/03)

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. Hood

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 **904-540-1543**
Date Daytime Phone #

904-824-8961



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