

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 21 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000047808

1. Corporation Name

WILLIAM BERRYHILL, INC.

Principal Place of Business

Mailing Address

1100 TIGER LAKE RD  
LAKE WALES FL 33853

1100 TIGER LAKE RD  
LAKE WALES FL 33853

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

04/26/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

48-1256195

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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip |
|---------------|---|--|-------------------------|
| D             | BERRYHILL, WILLIAM R                      | 1100 TIGER LAKE RD                                     | LAKE WALES FL 33853     |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

100023953101  
10/21/03--01012--021 \*\*150.00

10/10/29

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BUSH, GEORGE T  
205 AVE K SE  
WINTER HAVEN FL 33880

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

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #

CR2E040 (7/03)

Florida Department Of State  
Division Of Corporations

Re: William Berryhill, Inc.  
Doc # P02000047808  
1100 Tiger Lake Road  
Lake Wales, Fl. 33853

To Whom It May Concern,

Please find attached a check in the amount of \$150.00 and the signed "Application For Reinstatement"

Please also be aware that this is the first correspondence I have received from your office regarding this matter. I did not receive either of the first two forms regarding my annual renewal from the state.

Please process this reinstatement accordingly and do not hesitate to call me if you have further questions.



William Berryhill  
October 15, 2003