

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL 20 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000105035

**1. Corporation Name**

MICHAEL WILLIS ENTERPRISES, INC.

8899 S.E. 85TH STREET  
P.O. BOX 533

**2. Principal Office Address**

8899 S.E. 85TH STREET

**3. Mailing Office Address**

P.O. BOX 533

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TRENTON, FLORIDA

City & State

NEWBERRY, FLORIDA

Zip

32693

Country

USA

Zip

32669-0533

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida** 09/23/2002

**5. FEI Number**  
42-1551566

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 03-04**

WOP

**7. Name and Address of Current Registered Agent**

Name

MICHAEL I. WILLIS

Street Address (P.O. Box Number is Not Acceptable)

8899 S.E. 85TH STREET

Suite, Apt. #, Etc.

City

TRENTON

State

FL

Zip Code

32693

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Michael I. Willis*

REGISTERED AGENT MUST SIGN

Date

7-14-04

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MICHAEL I. WILLIS	8899 S.E. 85TH STREET	TRENTON/FLORIDA/32693
VP	MICHAEL WILLIS	4803 SEATON COURT	TALLAHASSEE/FLORIDA/32309

**10. 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:

*Michael I. Willis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-14-04

Daytime Phone #

CR2E081 (01/04)

252

MICHAEL WILLIS ENTERPRISES, INC.  
P.O. BOX 533  
NEWBERRY, FL 32669-0533

July 10, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Michael Willis Enterprises, Inc.  
Charter #P02000105035

To Whom It May Concern:

Attached is a completed Corporation Reinstatement form for Michael Willis Enterprises, Inc. requesting reinstatement of my corporation which was dissolved due to nonpayment of my annual renewal fee. I did not receive a renewal form for the year 2003, and consequently did not forward payment in the amount of \$150.00. I did not receive a form for the year 2004 presumably because the corporation had been dissolved by the state for nonpayment of annual fees.

Please process my reinstatement form and accept my payment of \$300.00 for years 2003 and 2004. I am also requesting that you would please waive the reinstatement and late fees applicable to this corporation.

If you require any further information, please do not hesitate to contact Michael I. Willis at the post office box listed in the above letterhead.

Very truly yours,

  
Michael I. Willis

Enclosure(s)