

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P03000140875**

1. Corporation Name

William LANDSBERG & LAW SERVICES INC.

2. Principal Office Address - No P.O. Box #

1208A Lillian Hwy

Suite, Apt. #, etc.

PENSACOLA, FL.

City & State

32506

Zip

3250

Country

3. Mailing Office Address

1208A Lillian Hwy

Suite, Apt. #, etc.

PENSACOLA FL.

City & State

Zip

Country

REINSTATEMENT

06-08 KS

4. Date Incorporated or Qualified
To Do Business in Florida

11/2003

5. FEI Number

55-0853386

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STEPHEN C. BURKE

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

1208A Lillian Hwy

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

3250

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Stephen C. Burke

Date **11/30/07**

REGISTERED AGENT MUST SIGN

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	STEPHEN C. BURKE	1208A Lillian Hwy	PENSACOLA FL. 3250
VP	VICTORIA A. BURKE	1208A Lillian Hwy	PENSACOLA FL. 3250

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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 contained in Chapter 119, 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:

Stephen C. Burke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/30/07 (850) 4534662

Daytime Phone #