

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS
2023 SEP -8 PM 12:40

DOCUMENT #

P17000030218

1. Corporation Name

WILL O INC.

Amendment filed to change name to WILL.O.G.INC.

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

4286 E Gloria Dr.

3. Mailing Office Address

4286 E Gloria Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hernando Fla.

City & State

Hernando Fla.

Zip

34442

Country

USA

Zip

34442

Country

USA

900415414329
09/08/23--01035--002 **1500.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

04/04/2014 2017

5. FEI Number

82-1086791

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

William H. Owens

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

4286 E Gloria Dr.

Suite, Apt. #, Etc.

City

Hernando

State

FL

Zip Code

34442

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

William H. Owens
REGISTERED AGENT MUST SIGN

Date 9.4.2023

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	William H. Owens	4286 E Gloria dr	Hernando. Fla. 34442

REINSTATEMENT

R. HUNT

09/08/23

10. E-mail Address: whowens77@yahoo.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

William H. Owens

9.4.2023

3522317949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #