# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P95000003475**

1. Entity Name
**WILLIAM T. HOLLOWAY, INC.**

FILED
06 MAR 14 PM 4: 00

B 3/2/06

REINSTATEMENT 05-06

01017005 LREIN-P CR2E098

| Principal Place of Business | Mailing Address |
|---|---|
| 1213 HIGHWAY 41 NORTH INVERNESS, FL 34450 | 1213 HIGHWAY 41 NORTH INVERNESS, FL 34450 |

| 2. Principal Place of Business | 3. Mailing Address | | |
|---|---|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| City & State | City & State | | **4. FEI Number** 59-3306736 | Applied For / Not Applicable |
| Zip | Country | Zip | Country | **5.** Certificate of Status Desired ☑ | **$8.75** Additional Fee Required |

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| HOLLOWAY, WILLIAM T 1213 HIGHWAY 41 NORTH INVERNESS, FL 34450 | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ _____
Signature, typed or printed name of registered agent and title if applicable    (NOTE: Registered Agent signature required when reinstating)    DATE

**FILE NOW!!! FEE IS $750.00**
**After January 1, 2006, Fee will be $900.00**

| 10. | OFFICERS AND DIRECTORS | | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|---|
| TITLE | D | ☐ Delete | TITLE | 800058107018 | ☐ Change ☐ Addition |
| NAME | HOLLOWAY, WILLIAM T | | NAME | 03/20/06--01021--011 **908.75 | |
| STREET ADDRESS | 1213 HIGHWAY 41 NORTH | | STREET ADDRESS | | |
| CITY-ST-ZIP | INVERNESS, FL 34450 | | CITY-ST-ZIP | | |
| TITLE | D | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | BUYL, DEBORAH L | | NAME | | |
| STREET ADDRESS | 1213 HIGHWAY 41 NORTH | | STREET ADDRESS | | |
| CITY-ST-ZIP | INVERNESS, FL 34450 | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | B 3/2/06 REINSTATEMENT 05-06 | ☐ Change ☐ Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
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| TITLE | | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Deborah Buyl_ Deborah Buyl V.P. 2106 352-637-1552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #