

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 13 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000032006**

1. Corporation Name

WILD BILLS AUTO SALES AND SERVICE, INC.

Principal Place of Business

Mailing Address

59 WEST AVE.
ST. AUGUSTINE FL 32084

59 WEST AVE.
ST. AUGUSTINE FL 32084

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/1995

5. FEI Number

59-3322639

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
V	BARBER, JANICE	3964 SEAEAGLE CIRCLE	ST AUGUSTINE FL

700023742697
10/13/03 01060 009 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARBER, WILLIAM B
59 WEST AVE.
ST. AUGUSTINE FL 32084

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

William B. Barber
REGISTERED AGENT MUST SIGN

Date 10-10-03

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:

Janice C. Barber JANICE C. BARBER 10-10-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-
824-8209

CR2E040 (7/03)

October 10.2003

Wild Bill's Auto Sales
59 West Avenue
St. Augustine, FL 32084

**DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
PO BOX 6327
TALLAHASSEE, FL 32314-6327**

To whom it may concern:

I did not receive any paperwork or notices from the state regarding (to the best of my knowledge) for this year. This is the first notice I have gotten. My husband called on October 9, 2003 and was told to send a check for \$150.00 with this form filled out.

Thank you

Respectfully

A handwritten signature in cursive script that reads "William B. Barber". The signature is written in dark ink and is positioned above the printed name and title.

William B. Barber
Registered Agent