

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000080668**

1. Corporation Name

WILLIAM D. LONG, JR., INC.

Principal Place of Business

2880 LUST RD
STA 2 BOX 8
APOPKA FL 32703-559
US

Mailing Address

2880 LUST RD
STA 2 BOX 8
APOPKA FL 32703-559
US

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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/1995

5. FEI Number

26-1886679

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
PD	LONG, WILLIAM D JR.	2880 LUST ROAD	APOPKA FL 32703
VD	HILL, DAVID	2880 LUST ROAD	APOPKA FL 32703
STD	LONG, HOLLY	2880 LUST ROAD	APOPKA FL 32703

8. Name and Address of Current Registered Agent

KEMP, E D
609 N. HYER AVENUE
ORLANDO FL 32803

9. Name and Address of New Registered Agent

Name

William D LONG JR

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

2880 LUST RD

Suite, Apt. #, Etc.

STA 2 BOX 8

City

Apopka

State

FL

Zip Code

32703

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.

Signature of
Registered Agent

William D Long Jr
REGISTERED AGENT MUST SIGN

Date 10/17/2000

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:

William D Long Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/2000

Daytime Phone #

407 889 2121



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 20 PM 12:29

CR2E040 (8/00)