

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P96000067529

1. Corporation Name

BILLINGSLEY INDUSTRIAL CORPORATION

Principal Place of Business

100 CORAL WAY EAST STE 9  
INDIALANTIC FL 32903

Mailing Address

100 CORAL WAY EAST STE 9  
INDIALANTIC FL 32903

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/12/1996

5. FEI Number

59-3396518

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)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

D

BILLINGSLEY, DAVID A

100 CORAL WAY EAST STE 9

INDIALANTIC FL 32903

8000004324398---1

-05/29/01--01010--010

\*\*\*\*900.00--\*\*\*\*900.00

REINSTATEMENT

06-01

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8. Name and Address of Current Registered Agent

BILLINGSLEY, DAVID A  
100 CORAL WAY EAST STE 9  
INDIALANTIC FL 32903

9. Name and Address of New Registered Agent

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.

Signature of  
Registered Agent

One Billingsley  
REGISTERED AGENT MUST SIGN

Date

3/10/01

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 application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/10/01



00-01

CR2E040 (2/00)