

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

02 APR 19 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000008174

1. Corporation Name

W.B. Simmons, Inc.

2. Principal Office Address

226 Hiawatha Farms Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Monticello, FL

City & State

Zip

32344

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/15/

5. FFL Number

54-3396703

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

Tammy Simmons

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

226 Hiawatha Farms Rd.

Suite, Apt. #, Etc.

City

Monticello

State

FL

Zip Code

32344

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

Tammy Simmons

Date

4/18/02

REGISTERED AGENT MUST SIGN

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
<u>PLV</u>	<u>Wm. Bruce Simmons</u>	<u>226 Hiawatha Farms Rd.</u>	<u>Monticello, FL 32344</u>
<u>TLS</u>	<u>Tammy Simmons</u>	<u>226 Hiawatha Farms Rd.</u>	<u>Monticello, FL 32344</u>

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tammy Simmons

Date

4/18/02

Daytime Phone #

850

342-4833

CP2E081 (8/01)