

APPLICATION
FOR
REINSTATEMENT



DOCUMENT # P97000041050

Corporation Name
Will Page of Orlando, Inc.

Mailing Address

~~5735 Kingfish Dr.
Lotz, FL 33549~~

country
USA

Country

May 5, 1997

59-3447582

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

City / State / Zip

President Samuel A. Durrance

728 1 1 B: 1

Orlando, FL 32824

900002915079--5
-06/25/99--01003--016
***900.00 ***900.00

REINSTATEMENT 98-99 ITS

9. Name and Address of New Registered Agent

Samuel A. Durrance
5735 Kingfish Dr.
Lutz, FL 33549

Name Samuel A. Durrance

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

7400 Southland Blvd. ~~Southland Blvd.~~

Suite, Apt. #, Etc.

Suit # 115

City Orlando

Stat
FL

Zip Code
328

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

REGISTERED AGENT MUST SIGN

Date 6-15-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

Samuel A. Durrance 6-15-99 (407) 855-7243

Date _____

Daytime Phone #

09-67-611-6100