

# APPLICATION FOR REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 18 AM 11:01

DOCUMENT # **P97000108091**

1. Corporation Name

**BILL MAY AUTOMOTIVE, INC.**

Principal Place of Business

Mailing Address

30100 STATE RD. 19 SOUTH  
S. TAVARES FL 32778

30100 STATE RD. 19 SOUTH  
S. TAVARES FL 32778



**REINSTATEMENT 00**

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

2. New Principal Office Address, If Applicable

**10045 CT RD**

3. New Mailing Office Address, If Applicable

**940 BEAVER RUN**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**940 BEAVER RUN**

City & State

City & State

**LEESBURG**

**TAVARES**

Zip

Country

Zip

Country

**34788**

**LAKE**

**32778**

**LAKE**

4. Date Incorporated or Qualified To Do Business in Florida

**12/26/1997**

5. FEI Number

**59-3489691**

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
1	2	3	4
PD	MAY, WILLIAM M.	11633 LANE PARK ROAD 940 BEAVER RUN	TAVARES FL 32778
VPD	MAY, MARY LOU DENISE TOMLINSON	11633 LANE PARK ROAD 940 BEAVER RUN	TAVARES FL 32778

200003523772--4  
01/04/01--01095--018  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCDANIEL, MARY M  
226 W. ALFRED ST.  
TAVARES FL 32778

Name:

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

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 M. MAY**  
REGISTERED AGENT MUST SIGN

Date **12-13-00**

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 M. MAY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**12-13-00 3523435478**