

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 FEB 10 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000059035

1. Corporation Name

WILLIAM BUSUTIL, INC.

Principal Place of Business

Mailing Address

5109 GARFIELD STREET
HOLLYWOOD FL 33021

5109 GARFIELD STREET
HOLLYWOOD FL 33021

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/02/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0847687

Not Applicable

Zip

Country

Zip

Country

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
D	BUSUTIL, WILLIAM	5109 GARFIELD STREET	HOLLYWOOD FL 33021
			000003171950--3 -03/16/00--01012--022 ****158.75 ****158.75
			000003171950--3 -03/16/00--01012--023 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BUSUTIL, WILLIAM
5109 GARFIELD STREET
HOLLYWOOD FL 33021

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/99)

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 Busutil
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12-19-99

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 Busutil SIGNATURE REQUIRED WILLIAM BUSUTIL 12-19-99 (954) 964-9109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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William J. Busutil, Inc.
5109 Garfield Street
Hollywood, FL 33021
(954) 964-9109 Fax (954) 964-1627

December 19, 1999

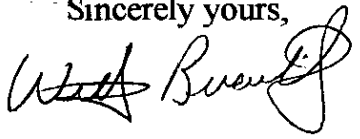
Division of Corporations:

When I received my notice of administrative dissolution of my corporation for failure to file my 1999 Corporation Annual Report, I realized I never received that report in the mail. I had some recurring problems with the postal service earlier this year, and I am sure that this annual report, along with other important pieces of correspondence, never reached my address.

I recently spoke with one of your staff, and he suggested that because of these extenuating circumstances, I should write this letter and respectfully request that you consider waiving the \$600.00 reinstatement fee. I have enclosed a \$158.75 check for the Certificate of Status, Annual Report and Corporate Supplemental fees.

Let me thank you in advance for your understanding as you consider my request.

Sincerely yours,



Bill Busutil, President
William Busutil, Inc.