


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
05 JAN 25 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000062823

1. Corporation Name

WILLIE'S SUMMER HOUSE, INC.

2. Principal Office Address

36716 St. Joe Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

36716 ST. JOE RD.

Suite, Apt. #, etc.

City & State

Dade City Florida

Zip
33525

Country

U.S.A.

City & State

Dade City Florida

Zip

33525

Country

U.S.A.

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

7/16/98

5. FEI Number

59-3527846

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Linda A. Storch

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

13700 15th Street

Suite, Apt. #, Etc.

City

Dade City

State

FL

Zip Code

33525

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

Linda A. Storch

Date 1-21-05

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
DP	HUCKABAY, BARBARA L.	36716 ST. JOE ROAD	Dade City, FL 33525
DVP	HOLTZHOWER, Charles Jr.	36716 SUWANEE WAY	Dade City, FL 33525
DST	Storch, Linda A.	13700 15th Street	Dade City, FL 33525

400045894184
02/03/05--01007--008 **450.00

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:

Barbara L. Huckabay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-327-6152

Daytime Phone #

CR2E081 (01/05)

P129C



Barbara Huckabay
Designer

36716 St. Joe Road
Dade City, FL 33525
(352) 567-6150

FAX (352) 567-6650
E-MAIL: bhuckabay@aol.com

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Willie's Summer House, Inc.
FEI Number 59-3527846

Please find enclosed our application for Reinstatement. We never received Document Number:
P98000062823 in 2003.

Our check in the amount of \$450.00 is enclosed along with the Corporation Reinstatement Form.

Thank you for your assistance.

Sincerely,

Barbara L. Huckabay,
President

BLH:ls
Enclosures