

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000004912

FILED
Oct 05, 2007
Secretary of State

Entity Name: BRENDA A. WILLIAMS, INC.

Current Principal Place of Business:

4607 MOIRA STREET
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

4607 MOIRA STREET
ORLANDO, FL 32811

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLIAMS, BRENDA A
4607 MOIRA ST
ORLANDO, FL 32811 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRENDA A. WILLIAMS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, BRENDA A
Address: 4607 MOIRA ST
City-St-Zip: ORLANDO, FL 32811

Title: VD () Delete
Name: WILLIAMS, REGINALD
Address: 4607 MOIRA ST
City-St-Zip: ORLANDO, FL 32811

Title: SD () Delete
Name: GASKIN, SHARON
Address: 4607 MOIRA ST
City-St-Zip: ORLANDO, FL 32811

Title: T () Delete
Name: WILLIAMS, LUCRETIA
Address: 4607 MOIRA ST
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA A. WILLIAMS

PD

10/05/2007

Electronic Signature of Signing Officer or Director

Date