

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 DEC 12 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P13659**

1 Corporation Name

**WILLIAMS INDUSTRIAL SERVICES, INC.**

Principal Place of Business

Mailing Address

~~2076 WEST PARK PLACE~~  
STONE MOUNTAIN GA 30087

2076 WEST PARK PLACE  
STONE MOUNTAIN GA 30087

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

2. New Principal Office Address, If Applicable

2075 WEST PARK PLACE  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

C/O IVOR LONGO, ESQ.  
Suite, Apt. #, etc.  
2076 WEST PARK PLACE

REINSTATEMENT 1996

MWB 12/13/96

4. Date Incorporated or Qualified To Do Business in Florida

03/18/1987

5. FEI Number

58-1529405

Applied For

Not Applicable

City & State

STONE MOUNTAIN, GA

City & State

STONE MOUNTAIN, GA

Zip

30087

Country

Zip

30087

Country

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	BELL, JERRY R	2076 W PARK PLACE 2075	STONE MOUNTAIN GA 30087
S	<del>PETERS, JODI LEIGH</del> BIRDSONG, JEFFREY W.	2076 W. PARK PLACE	STONE MOUNTAIN GA 30087
D	<del>BELL, JERRY R</del>	<del>2076 W PARK PLACE</del>	<del>STONE MOUNTAIN GA</del>
D	WILLIAMS, J.M., Jr.	2076 WEST PARK PLACE	STONE MOUNTAIN GA 30087
CFO	WILLIAMS, JERALD H.	2075 WEST PARK PLACE	STONE MOUNTAIN, GA 30087

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Barbara A. Burke*

BARBARA A. BURKE  
SPECIAL ASSISTANT SECRETARY

11-14-96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*Jeff Birdsong*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY W. BIRDSONG

12/4/96

Date

1770 -

413-4874

Daytime Phone #