

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
97 MAR 19 PM 3:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000062026
1. Corporation Name
WILLIAMS MANAGEMENT CORP.

Principal Place of Business Mailing Address
4 Royal Palm Way Suite 605 Boca Raton, Florida 33432 **Post Office Box 122 Deerfield Beach, Florida 33443**

REINSTATEMENT

95-97
AD

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 Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
*Suite, Apt. #, etc.		Suite, Apt. #, etc.		8/23/94	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0514305	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Grace Williams	4 Royal Palm Way, Suite 605	Boca Raton, Florida 33432
S/T	Morton L. Ginsberg	4 Royal Palm Way, Suite 605	Boca Raton, Florida 33432

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***1080.00 ***1080.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Law Firm of Lawrence J. Spiegel Chartered
343 Almeria Avenue
Coral Gables, Florida 33134

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 this corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent By: *Lawrence J. Spiegel, P.A. doing business as AmeriLawyer*
Natalia Utrera, REGISTERED AGENT, Vice President Date 3/18/97

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Morton L. Ginsberg
Morton L. Ginsberg, Treasurer

3/18/97

Date Daytime Phone #

CR20040 (12/95)