

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

99-2000



FLORIDA DEPARTMENT OF STATE

Katherine Harrell
Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA70000008247**

1. Corporation Name

WILLIAMS LAW GROUP, P.A.

2. Principal Office Address

2503 W. Gardner Ct

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33611

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

1-28-97

5. FEI Number

593427401

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MICHAEL T. WILLIAMS

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

2503 W. Gardner Ct

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33611

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2-7-00

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
Pres/ Dir	Michael T Williams	2503 W Gardner Ct	Tampa FL 33611

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***900.00 ***900.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-7-00

Daytime Phone #

813.831.9348