

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000064639

1. Corporation Name

ANDREW WILLIAMSON CONSTRUCTION, INC.

8536 GLENN WILLIAMSON ROAD
P.O. Box 1273 Macclenny Fl. 32063
MACCLENLY FL 32063

FILED
09 DEC 29 AM 8:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

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 Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
8536 GLENN WILLIAMSON ROAD		Suite, Apt. #, etc.		07/21/1999	
Macclenny Fl. 32063		City & State		5. FEI Number	
USA		Zip		59-3588426	
		Country		Applied For	
		USA		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

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	City / State / Zip
DP	WILLIAMSON, ANDREW B	8536 GLENN WILLIAMSON ROAD	MACCLENLY FL 32063

700003532507--8
-01/11/01--01032--017
***750.00 ***750.00

8. Name and Address of Current Registered Agent

WILLIAMSON, ANDREW B
8536 GLENN WILLIAMSON ROAD
P.O. Box 1273 Macclenny Fl. 32063

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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

ANDREW B. WILLIAMSON

REGISTERED AGENT MUST SIGN

Date 12-24-00

11. 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:

ANDREW B. WILLIAMSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12-24-00

Daytime Phone #

904-259-3538

KE

CR20040 (8/00)