

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 DEC 30 PM 4:38

SECRETARY OF STATE  
 TALLahassee, FLORIDA

DOCUMENT # **230636**

1. Corporation Name  
**JOHN WILLIAMS, INC.**

Principal Place of Business  
**4565 PONCE DE LEON BLVD.  
 CORAL GABLES FL 33146**

Mailing Address  
**4565 PONCE DE LEON BLVD.  
 CORAL GABLES FL 33146**



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/30/1959	
City & State		City & State		5. FEI Number <b>59-0935004</b>	
Zip		Zip		Applied For	
Country		Country		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
PVST	FRASER, SONJA	531 NIGHTINGALE	MIAMI SPRINGS FL 33166

700002389097--6  
 -01/05/98--01007--020  
 \*\*\*\*750.00 \*\*\*\*750.00

**REINSTATEMENT**

97  
 12-30-97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>GANTT, RAGAN, CPA 8220 SUNSET DRIVE S. MIAMI FL 33143</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State <b>FL</b> 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: *Sonja Fraser, Pres.* Date: *12/27/97*  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *Sonja Fraser, Pres.* Date: *12/27/97*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2500 (8/97)