PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.									
APPLICATION FLORIDA DEPARTMENT OF STATE Katherine Harris					APPROVED AND.				
FOR Secretary of State						FILED			
REINSTATEMENT OF DIVISION OF CORPORATIONS						00 OCT 18 AM11:47			
DOCUMENT # 431353						l'			
1. Corporation Name WILLIAMS SERVICE CENTER, INC.						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
WILLIAWS SERVICE CENTER, INC.									
Principal Place of Business			Mailing Addre	ess		1,4840,414		1811 BIBN BIBN BIBN BIBN BIBN (88)	
100 CENTRAL AVENUE EAST WINTER HAVEN FL 33880		ते । !	100 CENTRAL AVENUE EAST WINTER HAVEN FL 33880						
WINTER TRIVER TE SOOD									
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									7
New Principal Office Address, If Applicable					Applicable	Date Incorporated or Qualified To Do Business in Florida		07/24/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc. City & State			5. FEI Number 59-1481484		Applied For		
City & State - Country		Zip Country			6. \$8.75		Not Applicable	4	
Zip						<u> </u>	OF STATUS DESIRED	for a Certificate of Status	
7. Names a	and Street Addre	sses of Each Officer and/o	or Director (Flo		tions must list at lea				-
Title(s) 1					icer and/or Director		Cit 4	y / State / Zip	_
Р	P WILLIAMS, DANIEL A			310 DUVAL RD	SE	WINTER HAVEN, FL 00000			
Т	WILLIAMS, S	SARA E		310 DUVAL RD	SE		WINTER HAVEN, FL 00000		
V WILLIAMS, DANIEL A JR		13/9-ARROWH		CIR RROWHER	D COURT	WINTER HAVEN, F	100000 DALE F1.3382		
						6000034466163 -11/01/0001039002			
				****150.00 ****150.00					
	8. Name i	and Address of Current F	tegistered Age	ent		9. Name and A	Address of New Registo	ered Agent	
Name Name					Name	((%))			
WILLIAMS, DANIEL À. 100 CENTRAL AVE É					Street Address (F	P.O. Box Number is Not Acceptable)			
WINTER HAVEN FL 33880		1			Suite, Apt. #, Etc.				
			City			State Zip Code			
10. I, being	appointed the	egistered agent of the abo	^ 41					-] .
Signature of Registered		and a f	GISTERED AG	ENT MUST SIGN			Date 10-	13-00	
this rein owed by	statement applic the corporation	ation, the reason for disso	lution has been ames of individ	eliminated, the corpo uals listed on this for	rate name satisfies m do not qualify for	the requirements an exemption und	of section 607.0401 or 6	urther certify that when filing 517.0401, F.S., that all fees F.S. The information indicated	
ÇA LING C	approvider to dut	i i i i i i i i i i i i i i i i i i i	Silve IIQ						
SIGNAT	TURE: L	ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR CHICK # 7004 9150. 00 WE DID NOT RICK EINE A NOTICE ANNUAL REPORT FEE THIS YEAR						63.32+_4438	
Æ	SIGN	CHECK 7	TO C	94450	O 6		Date	∪ауите ⊬полё #	
NOTICE WEDID NOTRECEIVE A NOTICE ANNUAL REPORT FEE THIS YO							THIS YEAR.		