

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/21/03--01063--010 **450.00

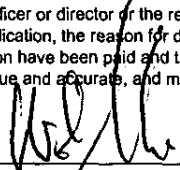
CORPORATION				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 674475					
1. Corporation Name WILLIAMS OF MERRITT ISLAND INCORPORATED					
2. Principal Office Address 2625 N COURTENAY PKWY Suite, Apt. #, etc.			3. Mailing Office Address 2625 N COURTENAY PKWY Suite, Apt. #, etc.		
City & State MERRITT ISLAND FL			City & State MERRITT ISLAND FL		
Zip 32953	Country BREVARD	Zip 32953	Country BREVARD		

4. Date Incorporated or Qualified To Do Business in Florida 6-24-80	
5. FEI Number 59-2008063	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name WILLIAM NI		
Street Address (P.O. Box Number is Not Acceptable) 2625 N COURTENAY PKWY		
Suite, Apt. #, Etc.		
City MERRITT ISLAND	State FL	Zip Code 32953

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 _____	Date _____
REGISTERED AGENT MUST SIGN	

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
P	WILLIAM NI	2625 N COURTENAY PKWY	MERRITT ISLAND FL 32953

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: 	WILLIAM NI	3/20/03	321-453-6302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (10/02)

Agent
WILLIAM'S OF MERRITT ISLAND, INC.

D/B/A Mr. Ni's Restaurant

2625 N. Courtenay Parkway
Merritt Island, Florida 32953

(305) 453-6302

To Whom it may concern:

For some reasons. Our company, have not received uniform Business Report Form Since 2001.

We have no idea that we did not file U.B.R for three years until we try to renew our worker's compensation Insurance.

Please wave the late fee. Specially during last 3 years our business have been very slow. all the small business are struggling. please help us go through this period of different time.

Thank you for your consideration.

Enclosed this letter there is a check (450.00 U.S) for 2001, 2002, 2003, U.B.R. fee

please reinstate this corp. as soon as possible

Thank you. If you have any questions. please contact us at (321) 453-6302

Sincerely
unhappy president