

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 JAN -5 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **838302**

1. Corporation Name

**Williams-Russell and Johnson, Inc.**

300163382843  
01/04/10--01041--006 \*\*150.00

300163382843  
12/07/09--01066--008 \*\*308.75

**REINSTATEMENT** 08-10

2. Principal Office Address - No P.O. Box #

**817 W. Peachtree Street**

Suite, Apt. #, etc.

**Suite 500**

City & State

**Atlanta, GA**

Zip

**30308**

Country

**United States**

3. Mailing Office Address

**817 W. Peachtree Street**

Suite, Apt. #, etc.

**Suite 500**

City & State

**Atlanta, GA**

Zip

**30308**

Country

**United States**

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/27/77**

5. FEI Number

**58-1269958**

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

**InCorp Services, Inc.**

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

**17888 67th Court North**

Suite, Apt. #, Etc.

City

**Loxachatchee**

State

**FL**

Zip Code

**33470**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 of InCorp Services, Inc.*  
REGISTERED AGENT MUST SIGN

Date **12/22/09**

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
CTD	Pelham C. Williams	1250 Clearbrook Dr. SW	Atlanta, GA 30311
PSD	Charles E. Johnson, Sr.	2807 Alameda Trail	Decatur, GA 30034
VD	Linnie Adams-White	620 Peachtree St, NE #710	Atlanta, GA 30308
VD	Jitendra V. Carpenter	447 Cove Drive	Marietta, GA 30067
M	Charles E. Thomas	4601 Glyndale Trace	Mableton, GA 30054

10. E-mail Address: **bturner@wrjinc.com AND jrainey@wrjinc.com**

(To be used for future annual report notification)

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. I further certify, 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 of Charles E. Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**12/24/09**

Daytime Phone #

11/200