## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F05000003383

MORSE, CHARLES

1137 PARK PLACE

WINTER PARK, FL 32789

Name:

Address:

City-St-Zip:

FILED Oct 10, 2006 Secretary of State

Entity Nan	ne: WILLIA	AMS-DOTSON A	SSOCIATES, INC.			•	
Current Principal Place of Business:				New Prin	New Principal Place of Business:		
212 WEST INDIANAPO		EET SUITE C-42 3202	0				
Current Mailing Address:				New Mail	New Mailing Address:		
5774 GRAN INDIANAPO							
FEI Number:	35-1971490	FEI Number A	applied For ( )	FEI Number Not App	olicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:		
MORSE, CHARLES 1137 PARKPLACE WINTER PARK, FL 46228 US				1137 PAR	MORSE, CHARLES E 1137 PARK GREEN PLACE WINTER PARK, FL 32789 US		
The above in the State		ty submits this st	atement for the pu	rpose of changing	its registered	d office or registered agent, or both,	
SIGNATURE: MR. CHARLES E. MORSE					10/10/2006		
Electronic Signature of Registered Agent				t	Date		
		.193(2)(b), F.S., the cing Trust Fund Co	corporation did not a	receive the prior noti	ce.		
OFFICERS AND DIRECTORS:				ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	5774 GRAN	( ) Delete DOTSON, DARYL DIOSE DRIVE LIS, IN 46228		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:		() Delete MICHAEL RD STREET LIS, IN 46208		Title: Name: Address: City-St-Zip:	O MORSE, CH 1137 PARK WINTER PA		
Title <sup>.</sup>	D	(X) Delete		Title <sup>.</sup>		( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MS. DARYL WILLIAMS-DOTSON O 10/10/2006