

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 JUL 19 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # FO5000005250

1. Corporation Name

Philip Williams & Associates, Ltd., Inc

WI-31400

400182678374
06/28/10--01041--010 **758.75

REINSTATEMENT 06-10
CR2E081 (6/10)

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

550 Kearny Street

State, Apt #, etc

Ste 900

City & State

San Francisco

Zip

94108

Country

USA

3. Mailing Office Address

Same

State, Apt #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/12/05

5. FEI Number

94-3083005

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

CT Corporation System

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

1200 South Pine Island Road

State, Apt #, Etc.

City

Plantation

State

FL

Zip Code

33324

400182678374
07/20/10--01003--014 **600.00

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

Jennifer Quinn
Assistant Secretary

Jennifer Quinn

Date 6/23/10

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
CEO	Philip Williams	550 Kearny St, Ste 900	San Francisco CA 94108
CFO	Sandra McFadden	" "	" "
Sec	Elizabeth Andrews	" "	" "
VP	Jeffrey Haltiner	" "	" "
VP	Ann Bergonovo	" "	" "
VP	Michelle Orr	" "	" "

10. E-mail Address: S.mcfadden@pwa-1td.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:

Philip Williams President

Date

6/23/10

415 267 2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #