

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROPRIATE OFFICE		FLORIDA DEPARTMENT OF STATE		FILED	
OFFICE OF THE SECRETARY OF STATE		OFFICE OF CORPORATIONS		6-28-82	
DOCUMENT # FEBU18				6-28-82	
1. Corporation Name WILLIAMS FINANCIAL CONSULTANTS, INC				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business		Mailing Address			
3200 N. MILITARY TRAIL		SUITE 410			
BOCA RATON, FL 33431					
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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6-28-82	
City & State		City & State		5. FEI Number	
Zip		Country		59-2204455	
USA		USA		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P	WILLIAMS, JOS. P.	3200 N MILITARY TRAIL	BOCA RATON		
S	WILLIAMS, LOIS C	SUITE 410	FL 33431		
		same	same		
				400002918414--6	
				-06/23/99--01039--015	
				****150.00 ****150.00	
				400002918414--6	
				-06/29/99--01039--016	
				****150.00 ****150.00	
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
JOS. P. WILLIAMS, JR.			Name		
3200 N. MILITARY TRAIL			Street Address (P.O. Box Number is Not Acceptable)		
SUITE 410			Suite, Apt. #, Etc.		
BOCA RATON, FL 33431			City		
			State		
			Zip Code		
			FL		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent			Date		
[Signature]			6-23-99		
REGISTERED AGENT MUST SIGN					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. 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 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: [Signature]					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
6-22-99					
Date					
Daytime Phone #					

CR2E001 (12/98)