

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
96 DEC 27 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **F95000006021**

1 Corporation Name

**WILLIAMS ENGINEERING, INC. OF GEORGIA**

Principal Place of Business

Mailing Address

~~2076 W. PARK PLACE~~  
STONE MOUNTAIN GA 30087

2076 W. PARK PLACE  
STONE MOUNTAIN GA 30087

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

~~2076 W. PARK PLACE~~  
2075 WEST PARK PLACE  
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

~~C/O IVOR LONGO, ESQ.~~  
C/O IVOR LONGO, ESQ.  
2076 WEST PARK PLACE  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

12/11/1995

5. FEI Number

58-2203739

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

~~STONE MOUNTAIN, GA~~  
STONE MOUNTAIN, GA

30087

6. CERTIFICATE OF STATUS DESIRED

Additional Fee required  
for 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
<del>PD</del>	<del>SEHGAL, R-K</del>	<del>2076 W. PARK PLACE</del>	<del>STONE MOUNTAIN GA 30087</del>
<del>SD</del> P/D	TAYLOR, Z-L LOWELL	<del>2076 W. PARK PLACE</del> 2075	STONE MOUNTAIN GA 30087
S/T	BURGESS, BRETT A.	2075 WEST PARK PLACE	STONE MOUNTAIN, GA 30087
D	WILLIAMS, VIRGIL R.	2076 WEST PARK PLACE	STONE MOUNTAIN, GA 30087
			500002042275--9 -12/31/96--01061--018 ***\$375.00 ***\$375.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
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

*Barbara A. Burke*

BARBARA A. BURKE

SPECIAL ASSISTANT SECRETARY

Date

11-14-96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Z. Lowell Taylor 11/26/96