

Document Number Only
F95000006021

CT CORPORATION SYSTEM

Requestor's Name
660 EAST JEFFERSON STREET

Address
TALLAHASSEE FL 32301 222-1092

City State Zip Phone

CORPORATION(S) NAME

300001658853
 -12/11/95--01049--003
 *****70.00 *****70.00

Williams Engineering, Inc.
Williams Engineering, Inc. of Georgia

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 05 DEC 11 PM 2:20
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Updater

Verifier

Acknowledgment

W.P. Verifier

12/11/95
 3.00

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RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned R. K. Sehgal, do hereby certify that this Resolution of the Board of Directors of Williams Engineering, Inc., a corporation duly organized and existing under the laws of the State of Georgia, was duly adopted on October 2, 19 95.

Resolved, that Williams Engineering, Inc. organized and existing in the State of Georgia, hereby adopts the name Williams Engineering, Inc. of Georgia for use in Florida.

Dated: 12-6-95



Signature of at least one director

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95 DEC 11 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:**

1. Williams Engineering, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Georgia
(State or country under the law of which it is incorporated)

3. 58-2203739
(FEI number, if applicable)

4. October 2, 1995
(Date of incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.156, F.S.))

7. 2076 West Park Place, Stone Mountain, Georgia 30087

(Current mailing address)

8. see attached purpose clause
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: C T Corporation System
Office Address: c/o C T Corporation System, 1200 South Pine
Island Road
Plantation, Florida, 33324
(Zip Code)

10. Registered agent acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

C T Corporation System

Dale Morris

(Registered agent's signature) (Officer)

Dale Morris, Asst. Vice President

(Type Name and Title of Officer)

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TALLAHASSEE, FLORIDA

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: see attached list of directors

Address: _____

Vice Chairman: see attached list of directors

Address: _____

Director: see attached list of directors

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: see attached list of officers

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

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TALLAHASSEE, FLORIDA

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *D. K. Sehgal*
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. D. K. Sehgal, President
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

**PURPOSE CLAUSE OF
WILLIAMS ENGINEERING, INC.**

The purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized to do business under the laws of Florida.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WILLIAMS ENGINEERING, INC.

OFFICERS

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
R.K. SEHGAL	PRESIDENT	2076 WEST PARK PLACE STONE MOUNTAIN, GA 30087
Z. LOWELL TAYLOR	SECRETARY	2076 WEST PARK PLACE STONE MOUNTAIN, GA 30087

DIRECTORS

<u>NAME</u>	<u>ADDRESS</u>
R.K. SEHGAL	2076 WEST PARK PLACE STONE MOUNTAIN, GA 30087
Z. LOWELL TAYLOR	2076 WEST PARK PLACE STONE MOUNTAIN, GA 30087

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TALLAHASSEE, FLORIDA

Secretary of State
Business Information and Services
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 953420599
CONTROL NUMBER : 9529865
DATE INC/AUTH/FILED: 10/02/1995
JURISDICTION : GEORGIA
PRINT DATE : 12/08/1995
FORM NUMBER : 0211

CT CORPORATION SYSTEM
SCOTT ARTHUR
1201 PEACHTREE STREET, NE
ATLANTA, GA 30361

CERTIFICATE OF EXISTENCE

I, **MAX CLELAND**, Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

WILLIAMS ENGINEERING, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



FILED
95 DEC 11 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Max Cleland
MAX CLELAND
SECRETARY OF STATE

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

~~300 W. PARK PLACE~~
STONE MOUNTAIN GA 30087

300 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

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

3. New Mailing Office Address, if Applicable

~~C/O IVOR LONGO, ESQ.~~
Suite, Apt. #, etc.

2076 WEST PARK PLACE

City & State

City & State

Zip

Country

~~STONE MOUNTAIN, GA~~
Zip **30087**

REINSTATEMENT *96cw*

4. Date Incorporated or Qualified To Do Business in Florida **12/11/1995**

5. FEI Number **50-2203730** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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
PD	GENERAL MGR	300 W. PARK PLACE	STONE MOUNTAIN GA 30087
SD P/D	TAYLOR, ZL LOWELL	300 W. PARK PLACE 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

8. Name and Address of New Registered Agent

C T CORPORATION SYSTEM 1280 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State 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

SANDRA A. BUNCE
OFFICIAL 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 607.04(1) or 617.04(1), 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 REQUIRED →

mm
1170 -
879 - 4041