## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Applied For

\$8.75 Additional Fee required for a Certificate of Status

Not Applicable

CORPORATION	
REINSTATEMENT	



## FLORIDA DEPARTMENT OF STATE Secretary of State

**DIVISION OF CORPORATIONS** 

DOCUMENT # F97000003546

Williams Restoration & Waterproofing, Inc.

2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 141 Jones Bivd. P.O. Box 967 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Lavergne, TN

Lavergne, TN Zip Country

Zip 37086 USA 37086

7. Name and Address of Current Registered Agent

**Bradley Williams** Street Address (P.O. Box Number is Not Acceptable) 1105 W. Princeton St.

Suite, Apt. #, Etc.

City Orlando

Name

FILED

08 JUL 14 AM 8: 16

SEURLIANY OF STATE TALLAHASSEE, FLORIDA

99-08 An REINSTATEMEN

06/10/08--01002--006 \*\*2100.00

Date Incorporated or Qualified To Do Business in Florida

6. CERTIFICATE OF STATUS DESIRED

5. FEI Number

62-1533307

_	The reinstatement fee is imposed, except in
	circumstances which the entity did not receive
	the prior notices. By checking this box, you
	are certifying the prior notices were not
	received and requesting the reinstatement
	fee be waived.

Date 6/10/08

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.

Country

USA

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Preside	Don Williams	141 Jones Blvd.	Lavergne, TN 37086
Sec/T <u>r</u>	Elethia Williams	141 Jones Blvd.	Lavergne, TN 37086

Zip Code

10. 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 contained in Chapter 119, 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

Don Williams

6/10/08

(615) 793-7333

Date

Daytime Phone #

Secretary of State **Division of Business Services** 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

ISSUANCE DATE: 06/05/2008 REQUEST NUMBER: 08157543 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 04/29/1993 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0265322 JURISDICTION: TENNESSEE

WILLIAMS RESTORATION & WAT ERPROOFING PO BOX 967

REQUESTED BY: WILLIAMS RESTORATION & WAT ERPROOFING PO BOX 967

LAVERGNE, TN 37086

LAVERGNE, TN 37086

## CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "WILLIAMS RESTORATION & WATERPROOFING, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED
WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 06/05/08

RECEIVED:

\$40.00

\$0.00

WILLIAMS RESTORATION & WATERPROOFING INC PO BOX 967

TOTAL PAYMENT RECEIVED:

LAVERGNE, TN 37086-0000

RECEIPT NUMBER: 00004432708 ACCOUNT NUMBER: 00200274



FROM:

RILEY C. DARNELL SECRETARY OF STATE