

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

01 AUG 24 AM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

G74066

1. Corporation Name

Williams Flowers, Inc.

2. Principal Office Address

2005 S. FLORIDA AVE.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Zip

Country

33803

Polk

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1/01/84

5. FEI Number

59-2359694

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

Velma Osborne Johnson

500004563505

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

3445 Christing Grove Cir. S.

08/30/01-01024-009

\*\*\*1508.75 \*\*\*1508.75

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33813

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

Velma Osborne Johnson

Date

8/23/01

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
P.D.	Joyce Ann Johnson	2005 S. Florida Ave.	Lakeland, FL 33803
S.T.D.	Velma Osborne Johnson	3445 Christing Grove Cir. S.	Lakeland, FL 33813

REINSTATEMENT 96-01

mw

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 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:

Velma Osborne Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/23/01 863-499-2290

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 443539 82866A

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : August 24, 2001

ORDER TIME : 2:0 PM

ORDER NO. : 443539-005

CUSTOMER NO: 82866A

CUSTOMER: Ms. Paula Vann  
Clark & Campbell, P.a.  
4740 Cleveland Heights Blvd

Lakeland, FL 33813

DOMESTIC FILINGS

NAME: WILLIAMS FLOWERS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
01 AUG 24 PM 2:28  
DIVISION OF CORPORATION