

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 APR 19 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H31238**

1. Corporation Name **WILLIAMS ROOFING OF LAKE LAND, INC**

2. Principal Office Address

96 Reuben W. Williams

Suite, Apt. #, etc.

3441 S. Crest Blvd

City & State

Lakeland Flc

Zip

33813

Country

Fla

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

7

Zip

Country

REINSTATEMENT 93-00

4. Date Incorporated or Qualified
To Do Business in Florida **11/26/84**

5. FEI Number

592467793

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

Reuben Williams

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

3441 S. Crest Blvd

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33823

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

Reuben Williams

REGISTERED AGENT MUST SIGN

Date

4-19-00

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	Reuben Williams	3441-S. Crest Blvd	Lakeland Flc 3382
			LS

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:

Reuben Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00

Date

Daytime Phone #

863-967-6625