

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K79546

1. Corporation Name

ABC Williams Associates, Inc.

2. Principal Office Address

1133 N.W. 3rd Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33136

Country

USA

3. Mailing Office Address

1133 N.W. 3rd Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33136

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/12/1989

5. FEI Number

05-0123113

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

Willie L. Williams

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

1133 N.W. 3rd Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33136

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

Willie L. Williams

REGISTERED AGENT MUST SIGN

Date 6/28/05

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
PD	Willie L. Williams	1133 N.W. 3 rd Avenue	Miami, FL 33136

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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:

Willie L. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/28/05

Daytime Phone #

305 372-0966

CR2E081 (01/05)