

2001-2002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 JAN 18 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 00000007282

1. Limited Liability Company's Name

WILLIAMS AND STAYTON, LLC

2. Principal Office Address

201 W. SUNRISE BLVD

Suite, Apt. #, etc.

2ND FLOOR

City &amp; State

FT. LAUDERDALE, FL

Zip

33311

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

11

City &amp; State

11

Zip

11

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

06/16/2000

6. FEI Number

650855885

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒\$5.00 Additional Fee required  
for a Certificate of Status

## 8. Name and Address of Current Registered Agent

Name

ANDRÉ K. WILLIAMS

000004799040--3

-01/25/02--01096-014

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

201 W. SUNRISE BLVD.

\*\*\*100.00 \*\*\*100.00

Suite, Apt. #, Etc.

2ND FLOOR / 100 BUSINESS CENTRE

City

FT. LAUDERDALE

State

FL

Zip Code

33311

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

André K. Williams

Date 01/17/02

REGISTERED AGENT MUST SIGN

## 10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	WILLIAMS, ANDRE	201 W. SUNRISE BLVD	FT. LAUDERDALE, FL 33311
MGR	STAYTON, MICHELE	201 W. SUNRISE BLVD	FT. LAUDERDALE, FL 33311

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

André K. Williams

Date 01/17/02

Daytime Phone # 954-524-2290

Typed or printed name of signing Managing Member/Manager

CR2ED41 (9/01)

2 of 2

# Williams & Stayton, LLC

*A Business Development Consulting Firm*

201 W. Sunrise Blvd.

2<sup>nd</sup> Floor / 100 Business Centre

Ft. Lauderdale, Florida 33311

Office: 954-524-2290 / Fax: 954-524-0175

E-Mail: [Andre100bm@Juno.com](mailto:Andre100bm@Juno.com)

**January 17, 2002**

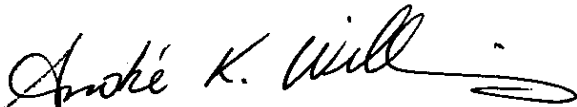
Florida Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

***Re: Limited Liability Company Reinstatement***

Dear Sir or Madam:

I am sending our limited liability company reinstatement form application for our company. We did not receive our regular annual report from the state. We sent a change of address card to the state office when we were moving to our new location. I have also place the payment for the reinstatement.

Thank You, for your assistance in this matter.



Andre' K. Williams, Managing Partner  
Williams & Stayton, LLC