

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR -2 AM 10: 53

DOCUMENT # L 0000000 7282

1. Limited Liability Company's Name

WILLIAMS + STAYTON, LLC

2. Principal Office Address

1740 NW NORTH RIVER DR.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 01-0086

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33125

Country

City & State

MIAMI, FL

Zip

33101

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

650855885

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$300 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

ANDRÉ K. WILLIAMS

200031861352

04/06/04--01024--015

**205.00 205.00

Street Address (Post Office Box Number is Not Acceptable)

1740 NW. NORTH RIVER DR.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33101

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 04/02/04

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
MEMBER	ANDRÉ K. WILLIAMS	P.O. BOX 01-0086	MIAMI, FL 33101
MEMBER	MICHELE STAYTON	P.O. BOX 01-0086	MIAMI, FL 33101

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 04/02/04

Daytime Phone # 305-586-8833

Typed or printed name of signing Managing Member/Manager