

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

12 DEC 31 AM 10:05

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

800243167988
12/31/12--01031--017 **238.75

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **LO3000042506**

1. Limited Liability Company's Name
Law Offices Thomas H. Williams, Jr., P.L.

2. Principal Office Address - No P.O. Box #
235 S.W. 198th Terrace

3. Mailing Office Address
P.O. Box 297454

Subs. Apt. #, etc.

Subs. Apt. #, etc.

City & State
Pembroke Pines, FL

City & State
Pembroke Pines, FL

Zip
33029

Country
USA

Zip
33029

Country
USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

October 23, 2003

6. FEI Number
42-1606751

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name

Thomas H. Williams Jr.

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

235 S.W. 198th Terrace

Subs. Apt. #, etc.

City

Pembroke Pines

State
FL

Zip Code
33029

E-mail Address:

thomas_williams@bellsouth.net

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 308, F.S.

Signature of Registered Agent

Date **28 Dec 12**

REGISTERED AGENT MUST SIGN

10. Name and Street Address of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Thomas H. Williams Jr.	235 S.W. 198th Terrace	Pembroke Pines, FL 33029

REINSTATEMENT

DEC 31 2012

S. PRATHER

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 1.617.155, F.S.

Signature of Managing Member/Manager

Date **28 Dec 12**

Daytime Phone # **954-436-7604**

Typed or printed name of signing Managing Member/Manager

THOMAS H. WILLIAMS JR.