

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # ND 3000005483

1. Corporation Name

Williams Wonderful Living Center Inc.

2. Principal Office Address - No P.O. Box #

1424 N.W. 218 Ave

3. Mailing Office Address

P.O. Box 111

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brooker FL

City & State

Brooker FL

Zip

32622

Country

Alachua

Zip

32622

Country

Alachua

7. Name and Address of Current Registered Agent

Name

Williams Wonderful Living Center - Susan Banks

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

1424 N.W. 218 Ave

Suite, Apt. #, Etc.

City

Brooker

State

FL

Zip Code

32622

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

*Susan Banks*

REGISTERED AGENT MUST SIGN

Date 01/21/2010

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	Susan W. Banks	1424 N.W. 218 Ave	Brooker FL 32622
T	Windred McAllister	1530 N.W. 218 Ave	Brooker FL 32622
S/VP	Iris Banks	1610 N.W. 218 Ave	Brooker FL 32622

JC 1/25

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

*Susan Banks*

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/2010 (352)214-5400

Date

Daytime Phone #

FILED

10 JAN 21 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-10

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01/21/10--01043--005 \*\*\*437.50

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

2003

5. FEI Number

84-1435952

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.