

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 JUL 16 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700106208577
07/16/07--01071--009 **367.50

REINSTATEMENT

05-07

CR2E081 (1/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO4000005764

1. Corporation Name

James L Williams Academy, Inc.

2. Principal Office Address - No P.O. Box #
6225 Luther Street

3. Mailing Office Address
6225 Luther Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pensacola Florida

City & State
Pensacola Florida

Zip
32503

Country
USA

Zip
32501

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **06-09-2004**

5. FEI Number
03-0526973

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
Williams, James L

Street Address (P.O. Box Number is Not Acceptable)
6225 Luther Street

Suite, Apt. #, Etc.

City
Pensacola

State Zip Code
FL 32503

☐ 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.

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

James L. Williams
REGISTERED AGENT MUST SIGN

Date **07/07/07**

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
PCEO	James L williams	6225 Luther Street	Pensacola /FL/ 32501
TD	Lewis, John L	1504 West Gregory Street	Pensacola /FL/ 32501
VSD	Williams, Ruby	6225 Luther Street	Pensacola/ FL/32503

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 contained in Chapter 119, 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:

James L. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/07/07
Date

850-723-4204
Daytime Phone #

7/18/07