

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 25 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N990000004143**

1. Corporation Name **Williams Family Services, Inc**
90 Cathy Lamar Williams

2. Principal Office Address

2959 Apalachee Pkwy E-16
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 193
Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32301

Country

USA

Zip

32311

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

July 16, 99

5. FEI Number

330845703

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$875 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Cathy Lamar Williams

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

2959 Apalachee Pkwy E-16

Suite, Apt. #, Etc.

300013092093

02/25/03--01051--013 **245.00

City

Tallahassee

State

FL

Zip Code

32301

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

Cathy A. Williams

REGISTERED AGENT MUST SIGN

Date **1-28-03**

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
Dir	Cathy A. Williams	2959 Apalachee Pkwy E-16	Tallahassee, FL 32301
Dir	Cathy W. Blumenberg	" "	
Dir	DBA Perlone Sacagawea	" "	

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 under section 119.07(3)(i), 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:

Cathy A. Williams **CATHY L. Williams** **1/28/03** **850-321-0520**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (10/02)