

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10/12
FILED

02 NOV -7 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000062736**

1. Corporation Name

WILLIAMS ADVERTISING, INC.

Principal Place of Business

Mailing Address

**1695 BEASLEY DRIVE
DELAND FL 32720**

**1695 BEASLEY DRIVE
DELAND FL 32720**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/28/2000

5. FEI Number

59-3657826

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	WILLIAMS, DONALD G	1695 BEASLEY DRIVE	DELAND FL 32720
SD	WILLIAMS, FRANCES E	1695 BEASLEY DRIVE	DELAND FL 32720

**100008868781
11/07/02-01057-014 **150.00**

8. Name and Address of Current Registered Agent

**WILLIAMS, DONALD G
1695 BEASLEY DRIVE
DELAND FL 32720**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/5/2

Daytime Phone #

CR2E040 (8/02)

2al 2

WILLIAMS ADVERTISING INC.

1695 Beasley Dr., Deland, FL 32720 (386) 734-4439


11/05/02

To Whom It May Concern:

I am writing this in accordance with the notice I received for failure to file the UBR. I have not received either of the two UBR notices that were supposed to have been sent to me (Williams Advertising Inc.) earlier in the year. I have called in for instructions and was told to 1) Write this letter and send in the check for \$150 and 2) to keep an eye out in Feb. for next years UBR notice.

If any additional information or actions are required, please notify me immediately.

Thank you,


Don Williams
President