

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PM 12:16

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 12 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000111470

1. Corporation Name

NELLY MARTINEZ WILLIAMS, P.A.

Principal Place of Business

2525 JARDIN DRIVE
WESTON FL 33327

Mailing Address

2525 JARDIN DRIVE
WESTON FL 33327

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

11/30/2000

5. FEI Number

65-1060635

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)

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

DP

WILLIAMS, NELLY M

2525 JARDIN DRIVE

WESTON FL 33327

500008935165
11/12/02--01074--004 **150.00

UA 4BR

8. Name and Address of Current Registered Agent

WILLIAMS, NELLY M
2525 JARDIN DRIVE
WESTON FL 33327

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

Nelly Martinez Williams REQUIRED

REGISTERED AGENT MUST SIGN

Date 11.7.02

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:

Nelly Martinez Williams REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11.7.02 954.494.3082

CR2E040 (8/02)

Nelly Martinez Williams, P.A.

Architecture • Planning • Engineering • Interiors

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November 7th, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

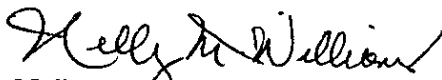
Re: Document # P00000111470

To whom it may concern:

I received the Notice of Administrative Dissolution or Revocation from your division. I looked thru my records, and for this year I have not received the prior UBR notices. Please find enclosed the fee of \$150.00.

If you have any questions or concerns, please contact me at your convenience at (954)494-3082.

Sincerely,



Nelly Martinez Williams,
President