

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

102  
FILED

02 DEC 10 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000052686

1. Corporation Name

WILLIAMS & ASSOCIATES USA INC.

Principal Place of Business

2209 KEATON CHASE DR.  
ORANGE PARK FL 32003

Mailing Address

5000-18 HWY. #17. #145  
ORANGE PARK FL 32003



500009738625

12/30/02--01060--013 \*\*150.00

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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/21/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| D             | LEFILES, JULIE A                          | 2209 KEATON CHASE DR.                                  | ORANGE PARK FL 32003    |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

8. Name and Address of Current Registered Agent

LEFILES, JULIE A  
2209 KEATON CHASE DR.  
ORANGE PARK FL 32003

9. Name and Address of New Registered Agent

Name

JULIE A. LEFILES

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

1950 MILLER ST.

Suite, Apt. #, Etc.

SUITE #1

City

ORANGE PARK

State

FL

Zip Code

32073

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

10/29/02

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/02 904-269-9825

CR2E040 (8/02)



# Williams & Associates

A SALES AND MANAGEMENT TRAINING COMPANY

*zel*

December 4, 2002

Michelle Milligan  
Document Specialist  
c/o Division of Corporations  
Annual Report / Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

RE: Williams & Associates USA INC.  
Ref-Number P01000052686

Dear Ms. Milligan,

We did not receive the original Uniform Business Report (UBR). We respectfully request that you process the attached form, updating our information, and reinstate our corporation. Enclosed is the fee of \$150.00.  
Thank you for your cooperation and assistance on this matter.

Sincerely,

Julie LeFiles  
President