

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB -8 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000097088**

1. Corporation Name

JOHN D. WILLIAMS, P.A.

2. Principal Office Address

138 Harbor View Dr.

Suite, Apt. #, etc.

City & State

Tavernier, FL

Zip Country

33070 USA

3. Mailing Office Address

138 Harbor View Dr.

Suite, Apt. #, etc.

City & State

Tavernier, FL

Zip Country

33070 USA

REINSTATEMENT

02-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

10/5/2001

5. FEI Number

65-1138323

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

JOHN WILLIAMS

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

138 Harbor View Dr.

Suite, Apt. #, Etc.

City

Tavernier

State

FL

Zip Code

33070

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

1/25/06

REGISTERED AGENT MUST SIGN

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
P	JOHN WILLIAMS	138 Harbor View Dr.	Tavernier FL 33070

400065536774

02/09/06--01010--024 **1350.00

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 807 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 807.0401 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

1/25/06

Daytime Phone #

305-731-0114

[Signature]