

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

FILED

02 DEC 27 AM 7:40

SECRET OF STATE  
TALLAHASSEE, FLORIDA

200009705152  
12/27/02--01009--003 \*\*150.00

DOCUMENT # P01000104506

1. Corporation Name  
Williams Quality  
Framing Specialists, Inc

2. Principal Office Address  
520 5th St

3. Mailing Office Address  
520 5th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Clermont, FL

City & State  
Clermont, FL

Zip 34711 Country USA

Zip 34711 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 10-29-01

5. FEI Number 59-3754767 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 Eric Lane Williams

Street Address (P.O. Box Number is Not Acceptable)  
520 5th St

Suite, Apt. #, Etc.

City Clermont

State FL

Zip Code 34711

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

Date 12-22-02

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
President	Eric L Williams	520 5th St Clermont, FL 34711	Clermont, FL - 34711

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:

Date 12-22-02

Daytime Phone # 352-516-1349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



g/12

CR2E081 (9/01)

To whom it may concern,

I was informed that i could file my reinstatement with either of these forms so i sent them both to ensure prompt reincorporation.

Please process the most acceptable form.

I did not receive a notice of renewal because of my change of address

From: 643 Arnold Ave, Groveland, FL-34736  
To: 520 5<sup>th</sup> St. Clermont, FL 34711

I have enclosed a money order for  
\$150.<sup>00</sup>

Thank you.



(Eric L. Williams) President