

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 7:42

SECRET OF STATE
TALLAHASSEE, FL 32304-4040

DOCUMENT # 901000104506

1. Corporation Name

Williams Quality
Framing Specialists, Inc

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

2. Principal Office Address

520 5th St

Suite, Apt. #, etc.

3. Mailing Office Address

520 5th St

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

[Signature]

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-22-02

Date

352-516-1349

Daytime Phone #

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 recieve a notice of renewal because of my change of address

From: 643 Arnold Ave, Groveland, FL 34736
To: 520 5th St. Clermont, FL 34711

I have enclosed a money order for
\$150.⁰⁰

Thank you.

Eric L. Williams

(Eric L. Williams) President