

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 APR -6 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # P02000001195</b> 1. Entity Name <b>WILLIAMS PROFESSIONAL PAINTING &amp; WATERPROOFING, INC.</b>					
Principal Place of Business <b>2617 CANAL ROAD MIRAMAR, FL 33025</b>		Mailing Address <b>2617 CANAL ROAD MIRAMAR, FL 33025</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0008323</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILLIAMS, LAURNA 2617 CANAL ROAD MIRAMAR, FL 33025</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Laura Williams</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE: <i>3/29/07</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>FILE NOW!!! FEE IS \$300.00</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>WILLIAMS, JEPHTA</b> <b>2617 CANAL ROAD</b> <b>MIRAMAR, FL 33025</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000097218200</b> <b>04/17/07--01038--009 **300.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WILLIAMS, LAURNA</b> <b>2617 CANAL ROAD</b> <b>MIRAMAR, FL 33025</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Laura Williams VP</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <i>3/29/07</i>		DAYTIME PHONE: <i>954 274-7884</i>	

*[Handwritten Signature]*