

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02000002473**

1. Corporation Name

**ARCHIE C. WILLIAMS, INC.**

Principal Place of Business

Mailing Address

725 HUMMINGBIRD WAY  
NORTH PALM BEACH FL 33408

725 HUMMINGBIRD WAY  
NORTH PALM BEACH FL 33408

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/08/2002

5. FEI Number

01-0565565

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	WILLIAMS, ARCHIE C	725 HUMMINGBIRD WAY	NORTH PALM BEACH FL 33408

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAMS, ARCHIE C  
725 HUMMINGBIRD WAY  
NORTH PALM BEACH FL 33408

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

12/15/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Archie C. Williams, pres. 12/15/03 5613718786

Date

Daytime Phone #

REINSTATEMENT 03



600026132426

01/06/04--01039--005 \*\*150.00

FILED

04 JAN -6 PM 3:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E040 (7/03)

**ARCHIE C. WILLIAMS, INC.**

*"quality in design and service"*

December 30, 2003

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL. 32314

Dear Sir:

I need to have my Corporation Reinstated. I am enclosing a fee of \$150.00 for this purpose. I do not recall receiving any prior notices regarding this matter. If I knew this would be going to happen I am sure I would have addressed it sooner.

The company is a small part time firm used in supplemental income. I am the only person in the firm and it being my first year in business, I was unaware I need to renew my paper work every year. I will make sure I do things more properly in 2004.

Thank you.

A handwritten signature in black ink, appearing to read 'Archie C. Williams', with a horizontal line extending to the right.

Archie C Williams, pres.  
Archie C. Williams Inc.