

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN -5 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0200000 8983

1. Corporation Name

C.G. WILLIAMS, INC.

NO7-23348

300104228603
06/11/07--01061--004 **750.00

2. Principal Office Address - No P.O. Box #
590 HOLLOW RIDGE RD.

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

Zip

34683

Country

USA

3. Mailing Office Address

590 HOLLOW RIDGE RD.

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

Zip

34683

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

1-17-2002

5. FEI Number

01-0585050

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

COURTNEY G. WILLIAMS

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

590 HOLLOW RIDGE RD.

Suite, Apt. #, Etc.

City

PALM HARBOR

State

FL

Zip Code

34683

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Courtney G. Williams

REGISTERED AGENT MUST SIGN

Date 6-1-07

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, T.	COURTNEY G. WILLIAMS	590 HOLLOW RIDGE RD.	PALM HARBOR, FL 34683
VP, S.	TERRY MASKE	4660 E. 54th ST.	TULSA, OK 74135

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 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:

COURTNEY G. WILLIAMS Courtney G. Williams 6-1-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-684-6048

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Division of Corps.
P.O. Box 6327
Tallahassee, FL. 32314

4/30/07 → 6/01/07

To Whom It May Concern,

Recently I spoke with a Division of Corps representative concerning my Corporation, C.G. Williams, Inc.

The address that you have on file is incorrect, and has been since 2003. I would like to reinstate my Corp. and provide you with the new and current address. Your rep. told me that in order to do this, I must send a check in the amount of ~~\$600.00~~ and that the late fees would be waived. ~~\$ 750.00~~

Enclosed you will find my check for ~~\$600.00~~ and a copy of my drivers license. ~~\$ 750.00~~

The current address should be: 590 Hollow Ridge Rd.
Palm Harbor, FL. 34683

If you have any further questions you may reach me at: 727-491-6428 or
Email: yotcookie@hotmail.com

Thank you,

Courtney G. Williams

