

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000026548

**FILED**  
**Oct 13, 2011**  
**Secretary of State**

**Entity Name:** WILLIAMS WILSON & SEXTON, P.A.

**Current Principal Place of Business:**

215 S. MONROE ST., STE. 600  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

119 SOUTH MONROE STREET  
200  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

215 S. MONROE ST., STE. 600  
TALLAHASSEE, FL 32301

**New Mailing Address:**

119 SOUTH MONROE STREET  
200  
TALLAHASSEE, FL 32301

**FEI Number:** 03-0440626

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, THORNTON J  
215 S. MONROE ST., STE. 600  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

WILLIAMS, THORNTON J  
119 SOUTH MONROE STREET  
200  
TALLAHASSEE, FL 32301 US

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.

SIGNATURE: THORNTON J WILLIAMS

10/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: WILLIAMS, THORNTON J  
Address: 119 SOUTH MONROE STREET SUITE 200  
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THORNTON J WILLIAMS

DPST

10/13/2011

Electronic Signature of Signing Officer or Director

Date