

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03

FILED

03 SEP 30 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000033496

1. Corporation Name

Williams Warehousing & Rentals, Inc

200023417312  
09/30/03--01013--017 \*\*158.75

2. Principal Office Address

18020 Victorian Dr

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 636

Suite, Apt. #, etc.

City & State

CLERMONT FL

City & State

Minneola FL

Zip

34711

Country

USA

Zip

34755

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

04 363 3889

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

Pamela J. Williams

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

18020 VICTORIAN DR

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

Pamela J. Williams  
Pamela J. Williams

REGISTERED AGENT MUST SIGN

Date 9-26-03

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
<u>P</u>	<u>Pamela J. Williams</u>	<u>18020 VICTORIAN DR</u>	<u>CLERMONT FL 34711</u>
<u>VP</u>	<u>Roger A. Williams</u>	<u>18020 VICTORIAN DR</u>	<u>CLERMONT FL 34711</u>
<u>S</u>	<u>Pamela J. Williams</u>	<u>18020 VICTORIAN DR</u>	<u>CLERMONT FL 34711</u>
<u>T</u>	<u>Pamela J. Williams</u>	<u>18020 VICTORIAN DR</u>	<u>CLERMONT FL 34711</u>

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:

Pamela J. Williams  
Pamela J. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-26-03

Daytime Phone #

352-394-8809

352-2676490

CR2E081 (10/02)

9/10/11