


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P02000034797

1. Corporation Name

Williams Investments of Georgia, Inc.

2. Principal Office Address

3546 Oak Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32205

Country

3. Mailing Office Address

3546 Oak Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32205

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/29/2002

5. FEI Number

30-0094566

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-05

7. Name and Address of Current Registered Agent

Name

Thomas H. Warlick

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

100 Golden Bay Boulevard

Suite, Apt. #, Etc.

City

Oak Hill

State
FL

Zip Code
32759

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

REGISTERED AGENT MUST SIGN

Date

4/26/05

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
D	Samuel T. Williams	3546 Oak Street	Jacksonville, FL 32205

600054341746
05/12/05-01074-015 **1050.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel Taylor Williams

4-28-03

386-345-2536

Daytime Phone #

CR2E061 (01/05)

5/10/05