

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
IVISI F R T I S

04 MAR 18 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000064780

1. c

Williams Printing, INC.

**REINSTATEMENT** 07-04

<b>2. Principal Office Address</b>		<b>3. Mailing Office Address</b>	
<u>87 N. Collier Blvd.</u>		<u>87 N. Collier Blvd.</u>	
Suite, Apt. #, etc. <u>G2</u>		Suite, Apt. #, etc. <u>G2</u>	
City & State <u>MARCO Island, FL.</u>		City & State <u>MARCO Island, FL.</u>	
Zip <u>34145</u>	Country <u>U.S.A.</u>	Zip <u>34145</u>	Country <u>U.S.A.</u>

<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	
<u>6-10-02</u>	
<b>5. FEI Number</b>	<b>Applied For</b>
<u>13-4205562</u>	<input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

**7. Name and Address of Current Registered Agent**

Name <u>PAMELIA Williams</u>		<u>800030680063</u>	
Street address (Post Office Box number is acceptable) <u>87 N. Collier Blvd</u>		<u>03/18/04--01006--003 **300 00</u>	
Suite, apt., etc. <u>G2</u>			
City <u>MARCO Island</u>	State <u>FL</u>	Zip code <u>34145</u>	

**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 Williams Date 3-12-04  
R G I S T R G T U S T S I G

**9.** Names and Street addresses of each officer and/or director (Florida nonprofit corporations must list at least 3 directors)

Titles	Names of officers and/or directors	Street address of each officer and/or director	City / State / Zip
PD	G. MONT Williams	87 N. Collier Blvd. G2	MARCO Island, FL 34145
STD	PAMELIA Williams	87 N. Collier Blvd. G2	MARCO Island, FL 34145

**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 Williams Date 3-12-04 (239) 293-1888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #



# MINUTEMAN PRESS®

1237 Airport Road South • Naples, Florida 34104-4816

Phone: 239 261-1198 • Fax: 239 261-5486

Graphic Design

March 12, 2004

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Forms

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and Color  
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Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Dear Sir,

We are new to Florida and did not fully understand the requirements for filings for S Corporations. The filing reminder notices did not reach us at our condo, so we did not file. Per our telephone conversation with your office, we are enclosing a check for \$300 for the required filing fees for 2003 and 2004. I tried to access your web site to download the proper filing forms. Due to our inactive status, we were unable to do this. When our status changes, we will obtain these forms and file immediately.

If you have any questions, please call me at 239 261-1198.

Thanks for your help.

Sincerely,

G. Mont Williams

FREE PICK-UP  
and DELIVERY

E-mail: [Printing@MinutemanNaples.com](mailto:Printing@MinutemanNaples.com)