

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000078567

1. Corporation Name

H. WILLIAMS, CORPORATION

Principal Place of Business

1153 WEST 26TH CT
RIVIERA BEACH FL 33404

Mailing Address

1153 WEST 26TH CT
RIVIERA BEACH FL 33404

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/2002

5. FEI Number

14-1838539

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	HOWARD, WILLIAMS	1153 WEST 26TH CT	RIVIERA BEACH FL 33404
			300025761293 12/26/03--01006--023 **150.00

8. Name and Address of Current Registered Agent

WILLIAMS, HOWARD
1153 WEST 26TH CT
RIVIERA BEACH FL 33404

Howard Williams

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Howard Williams

REGISTERED AGENT MUST SIGN

Date

12/19/2008

11. 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:

Howard Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/19/2008

*H. Williams Corporation
1153 West 26th Court
Riviera Beach, Florida 33404*

October 31, 2003

Department of State
Division of Corporations
Corporate Filings
P. O. Box 6327
Tallahassee, FL 32314

Reference: H. Williams Corporation
Document No: P02000078567

Dear Sir/Madam:

I received in the mail a notification that my corporation has expired. I am contacting you in this letter to ask for a waiver of the late fee, due to the fact that a renewal notification was not received. If I had the renewal notification in time, my corporation would not be expired.

Thank you for your consideration in this matter.

Sincerely,



Howard Williams
President