2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT				
DOCUMENT # P03000030611				FILED
1. Entity Name WILLIAMS 707 CORP.			05 FEB 23 PM 2: 29	
Principal Place of Business Mailing Address			707	SECRETARY OF STATE TALLAHASSEE, FLORIDA
2000 ISLAND BLVD UNIT 707 2000 ISLAND BLVD UNIT WILLIAM'S ISLAND, FL 33160 WILLIAM'S ISLAND, FL 3:				, ALLMINOULA LISTER
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2. Principal Place of Business 1500 San Nemo Ave Suite Aniett etc. Suite Aniett etc.			lemo Ave	
Suite Ant	3 ^{#, etc.}	Suite 31. #, etc.		02142005 REIN-P CR2E098 (6/04)
A SY	rl bables 77.	Coral Ga	bles	4. FENumber 368134 Applied For Not Applicable
Zip 33	146 Country	²³ 33146	Suntry	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address				7. Name and Address of New Registered Agent
SERBER, DANIEL J				ss (P.O. Box Number is Not Acceptable)
AVENTURA, FL 33180 /5005(10 0100A) # 103				
OPWAL GUHAN FL 2003/16				
8. 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE Tablo 11. Bured 8sq. 2 19/05				
Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE				
. FI	LE NOW!!! FEE IS \$900.00			
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D FACIA ALBERTO	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	FASJA, ALBERTO 2000 ISLAND BLVD UNIT 707		NAME STREET ADDRESS	EINSTATEMENT 04-05
CITY-ST-ZIP	WILLIAM'S ISLAND, FL 33160	☐ Delete	CITY-ST-ZIP ~-	
NAME		☐ Delete	NAME	5000479291문을 ^[Addition] 03/08/0501019020 **908.75
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	03/00/03 01913020 ***305.15
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-SI-ZIP		☐ Delete	. CITY-ST-ZIP	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY+ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	,		NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if				
changed, or on an attachment with an address, with all other like empowered. SIGNATURE: A. FUJIA 2/21/05 305 6666010				
	4771	171		0/01/05 305/5/2/