2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000169367

Title:

Name:

Address:

City-St-Zip:

SEC

() Delete

LAUDERDALE LAKES, FL 33311 US

WILLIAMS, MICHAEL A

3811 NW 28TH STREET

Entity Name: WILLIAMS & WILLIAMS AFFAIRS INC.

FILED Sep 18, 2006 Secretary of State

LINKY NAME: WILLIAWS & WILLIAWS AFFAIRS INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	8TH STREET ALE LAKES, FL 333	11 US		LANTIC BLVD BEACH, FL 33069	US	
Current Ma	ailing Address:		New Mailir	New Mailing Address:		
	8TH STREET ALE LAKES, FL 333	11 US		LANTIC BLVD BEACH, FL 33069	US	
FEI Number:	20-2103987 FEI N	lumber Applied For()	FEI Number Not Appli	cable () Certifica	ate of Status Desired ()	
Name and	Address of Current	t Registered Agent:	Name and	Name and Address of New Registered Agent:		
WILLIAMS, 3369 NW 21 LAUDERDA		11 US	3811 NW 2	WILLIAMS, PATRICIA 3811 NW 28 STREET LAUDERDALE LAKES, FL 33311 US		
The above in the State		s this statement for the pur	pose of changing it	s registered office or r	registered agent, or both,	
SIGNATUR	E: PATRICIA WILL	IAMS		09/18/2006		
	Electronic Sigr	nature of Registered Agent		Date		
Election Cam	paign Financing Trust	` ,	•			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () Delete WILLIAMS, PATRICIA M 3811 NW 28TH STREE LAUDERDALE LAKES,	Т	Title: Name: Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:	VP () Delete WILLIAMS, LEVOYD L 3369 NW 21 STREET LAUDERDALE LAKES,	FL 33311 US	Title: Name: Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:	TRE () Delete WILLIAMS, BEVERLY 3369 NW 21 STREET LAUDERDALE LAKES,		Title: Name: Address: City-St-Zip:	TRE (X) Change TANKSLEY, JAMES 3001 NW 8 PLACE FORT LAUDERDALE, FL	· ·	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PATRICIA WILLIAMS PRES 09/18/2006

() Change () Addition