


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED
07 OCT 10 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P05000013726
WILLIAMS CONSTRUCTION AND ENGINEERING INC.

2. Principal Office Address - No P.O. Box #

14683 PINE GLEN CIRCLE

3. Mailing Office Address

" SAME "

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LUTZ, FL.

City & State

" "

Zip

33559

Country

Zip

33559

Country

REINSTATEMENT 06-07

4. Date Incorporated or Qualified To Do Business in Florida

1-26-2005

5. FEI Number

20-2255123

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WARREN WILLIAMS

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

14683 PINE GLEN CIRCLE

Suite, Apt. #, Etc.

City

LUTZ

State

FL

Zip Code

33559

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Warren Williams

Date 10-05-07

REGISTERED AGENT MUST SIGN

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/P	WARREN WILLIAMS	14683 PINE GLEN CIRCLE	LUTZ, FL. 33559
S	ROBBIE WILLIAMS	" " " "	" "
T	MEGAN WILLIAMS	" " " "	" "

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10/10/07--01051--005 **300.00

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 contained in Chapter 119, 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: Warren Williams WARREN WILLIAMS

Date 10-05-07

(813) 451-0090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #