

2012 FOR PROFIT CORPORATION REINSTATEMENT

FILED

12 DEC 14 AM 10:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P05000118044

1. Entity Name
MARSHALL D. WILLIAMS SR. INC.



Principal Place of Business
1517 LEVY AVENUE
#140
TALLAHASSEE, FL 32310

Mailing Address
1517 LEVY AVENUE
#140
TALLAHASSEE, FL 32310



2. Principal Place of Business - No P.O. Box #
2125 Jackson Blvd Rd.
Suite, Apt. #, etc.

3. Mailing Address
1324 Nylie St.
Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State
Tallahassee, FL

Zip
32310

Country
USA

Zip
32304

Country
USA

12142012 REIN-P CR2E098 (12/11)

4. FEI Number
76-0799900

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, MARSHALL D SR.
1517 LEVY AVENUE
#140
TALLAHASSEE, FL 32310

Name
Marshall D. Williams SR.

Street Address (P.O. Box Number is Not Acceptable)
2125 Jackson Blvd Rd.

City
Tallahassee

FL 32310

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12-14-12

FILE NOW!!! FEE IS \$750.00
After January 1, 2013, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME WILLIAMS, MARSHALL D SR.
STREET ADDRESS 1517 LEVY AVENUE
CITY- ST- ZIP TALLAHASSEE, FL 32310

TITLE T ☒ Delete
NAME WOODY, JUSTIN
STREET ADDRESS 9740 VETERANS MEMORIAL
CITY- ST- ZIP MICCOSUKEE, FL 32309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☒ Addition
NAME Willie Harris
STREET ADDRESS 1324 Nylie St. Apt. D.
CITY- ST- ZIP Tallahassee, FL 32304

TITLE ☒ Change ☒ Addition
NAME Eric Cooper
STREET ADDRESS 1324 Nylie St. Apt. D.
CITY- ST- ZIP Tallahassee, FL 32304

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

12-14-12 Marshall Williams SR @ Gmail. com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS