

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000138447

Entity Name: MASTER WILLIAMS, INC.

**FILED**  
**Oct 13, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1033 WEST EDGEWOOD  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

1033 WEST EDGEWOOD W  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

1033 WEST EDGEWOOD  
JACKSONVILLE, FL 32208

**New Mailing Address:**

1033 WEST EDGEWOOD W  
JACKSONVILLE, FL 32208

FEI Number: 20-5816928

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIAMS, CHARLES  
1033 WEST EDGEWOOD  
JACKSONVILLE, FL 32208 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: CHARLES WILLIAMS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D,P  
Name: WILLIAMS, CHARLES PRES  
Address: 1033 WEST EDGEWOOD  
City-St-Zip: JACKSONVILLE, FL 32208

Title: D,S,  
Name: SIMMONS, PATRICE VICE PR  
Address: 1033 WEST EDGEWOOD  
City-St-Zip: JACKSONVILLE, FL 32208

I hereby 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 all other like empowered.

SIGNATURE: CHARLES WILLIAMS

MR

10/13/2011

Electronic Signature of Signing Officer or Director

Date