

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN -7 PM 5:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0700005321

1. Corporation Name

Williams Stucco Corporation

200139873812
01/07/09--01027--002 **150.00

REINSTATEMENT
CR2E08T (10/08)

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

6533 Cartmel Ln

Suite, Apt. #, etc.

3. Mailing Office Address

6533 Cartmel Ln

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

34876

Country

USA

City & State

Orlando, FL

Zip

34876

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/03/2007

5. FEI Number

NA

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

Vincent Williams

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

5020 Clark Rd. #147

Suite, Apt. #, Etc.

(Old Address)

City

Sarasota

State

FL

Zip Code

34233

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

Without Prejudice vcc-308 NIE Will

Date 1/2/2009

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
P	Vincent Williams	6533 Cartmel Ln	Orlando, FL 34876
VP	Berthenia Mays	6533 Cartmel Ln	Orlando, FL 34876
D	Eugene Mays	6533 Cartmel Ln	Orlando, FL 34876

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: Without Prejudice vcc-308 NIE Will: Vincent Williams 1/2/2009 407-876-7338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #