

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 DEC -6 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P13661

1 Corporation Name

WILLIAMS POWER CORP.

Principal Place of Business

Mailing Address

2076 WEST PARK PLACE
STONE MOUNTAIN GA 30087

2076 WEST PARK PLACE
STONE MOUNTAIN GA 30087



900002022459--9

-12/06/96--01084--012

***375.00 ***375.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/18/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-1681975

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75. Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	LYTLE, MARK E. CONWAY, R. E.	2076 WEST PARK PLACE	STONE MOUNTAIN GA 30087
VST S	BAKER, MICHAEL L. ROBUCK, KEN	2076 WEST PARK PLACE	STONE MOUNTAIN GA 30087
D	WILLIAMS, JERALD H.	2076 WEST PARK PLACE	STONE MOUNTAIN GA
D	WILLIAMS, J.M. JR.	2076 WEST PARK PLACE	STONE MOUNTAIN GA 30087
D	BELL, JERRY R.	2076 W PARK PL	STONE MT GA
ASST. SEC 'Y	BRYAN, SHARON A.	2076 WEST PARK PLACE	STONE MOUNTAIN, GA 30087

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

FL

REINSTATEMENT 1996

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Barbara A. Burke
REGISTERED AGENT MUST SIGN

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Date

11-14-96 12-6-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon A. Bryan

12/2/96

Date

770-

879-4294

Daytime Phone #