

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

97 MAR 19 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P94000062026

1. Corporation Name

WILLIAMS MANAGEMENT CORP.

Principal Place of Business

4 Royal Palm Way  
Suite 605  
Boca Raton, Florida 33432

Mailing Address

Post Office Box 122  
Deerfield Beach, Florida  
33443

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 Address, If Applicable

\*Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified  
To Do Business in Florida

8/23/94

5. FEI Number

65-0514305

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

95-97  
AD

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Grace Williams	4 Royal Palm Way, Suite 605	Boca Raton, Florida 33432
S/T	Morton L. Ginsberg	4 Royal Palm Way, Suite 605	Boca Raton, Florida 33432

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-03/21/97--01094--013  
\*\*\*1080.00 \*\*\*1080.00

8. Name and Address of Current Registered Agent

Law Firm of Lawrence J. Spiegel Chartered  
343 Almeria Avenue  
Coral Gables, Florida 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

Lawrence J. Spiegel, P.A., doing business as AmeriLawyer

Signature of  
Registered Agent By:

Natalia Utrera, Vice President

Date 3/18/97

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 OFFICER OR DIRECTOR  
Morton L. Ginsberg, Treasurer

3/18/97

Date Daytime Phone #

CR20040 (12/95)