

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000091366

1. Corporation Name

Williamson Enterprises of Watertown, Inc

2. Principal Office Address

5130 Broad St.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 10761

Suite, Apt. #, etc.

City & State

Brooksville, FL

City & State

Brooksville, FL

Zip

34601

Country

United States

Zip

34603

Country

United States

**FILED**

04 OCT 22 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

03-04

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10/22/04--01025--007 \*\*908.75

JGM 10/25/04

4. Date Incorporated or Qualified

To Do Business in Florida

12-19-94

5. FEI Number

593293115

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

Charles Williamson

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

5130 Broad St.

Suite, Apt. #, Etc.

City

Brooksville

State

FL

Zip Code

34601

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

Charles Williamson

Date

10-20-04

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
PSD	Nancy L. Williamson	5130 Broad St.	Brooksville, FL 34601
VTD	Charles F. Williamson	5130 Broad St.	Brooksville, FL 34601

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 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:

Charles Williamson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/04

Date

352-796-9551

Daytime Phone #

CR2E081 (01/04)