

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

10 MAR 10 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000039431

1. Corporation Name

Williams Professional Service, Inc

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

4013 Woodville Hwy

Suite, Apt. #, etc.

STE D

City & State

Tallahassee, FL

Zip

32305

Country

USA

3. Mailing Office Address

3014 Kevin St

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32301

Country

USA

400171757344  
03/10/10--01029--023 \*\*300.00  
**REINSTATEMENT** 09-10

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-3314676

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

Raymond T. Williams Jr

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

3014 Kevin St

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Raymond T. Williams Jr

REGISTERED AGENT MUST SIGN

Date

3-10-10

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
Pres	Raymond T. Williams Jr	3014 Kevin St Tallahassee FL	32301

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

Raymond T. Williams Jr Raymond Williams Jr 3/10/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/10