

APPLICATION
FOR
REINSTATEMENT



APPROVED
AND
FILED

1997 DEC 23 W1 3: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 095000059194

1. Corporation Name

W.B. Williams Construction Company Inc.

Principal Place of Business

Mailing Address

~~Sandra F 32701~~
529 Harvard Place
Apopka FL 32703

Address
P.O. Box 470106
Lake Monroe Fl
32747

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

2. New Principal Office Address, If Applicable

114 Hughes Ave
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sanford FL

Zip 32771 Country USA

3 New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip	Country
-----	---------

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

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
Dr.	Willie B Williams Jr.	114 Hughes Ave Sanford FL 32177	Sanford FL 32771
			600002303626--9 -12/26/97--01089--002 ***915.00 ***915.00
			<div data-bbox="863 1297 1261 1358"> REINSTATEMENT </div> <div data-bbox="1261 1245 1446 1354"> <i>96-97</i> <i>7/23/97</i> </div>

8. Name and Address of Current Registered Agent

Mr. Willie B. Williams Jr.

9. Name and Address of New Registered Agent

Name Mr. Willie B. Williams Jr.
Street Address (P.O. Box Number is Not Acceptable)
114 Hughes Ave
Suite, Apt. #, Etc. _____

City Sanford State FL Zip Code 32771

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 *Willie B. Williams Jr.*
REGISTERED AGENT MUST SIGN

Date 12/20/97

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 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)(f), 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

Willie B. Williams Jr.

12/20/97

Daytime Phone: #

အိမ်ထောင်ရေးနှင့်