

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

98 DEC 17 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000039453**

1. Corporation Name

WILLIAMS GROCERY, INC.

Principal Place of Business

509 NW 6 ST.
FT. LAUDERDALE FL 33311

Mailing Address

509 NW 6 ST.
FT. LAUDERDALE FL 33311



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

98

Date incorporated or Qualified
to Do Business in Florida

05/02/1997

5. FEI Number

65-0749677

Applied For

Not Applicable

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
PD	WILLIAMS, VIOLET	509 NW 6 ST.	FT. LAUDERDALE FL 33311

300002719483--3
-12/22/98--01075--049
****500.00 ****500.00
300002719483--3
-12/22/98--01075--050
****250.00 ****250.00

12/1/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAMS, CHARLES
509 NW 6 ST.
FT. LAUDERDALE FL 33311

Name

Violet C. Williams

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

509 N.W. 6. Street

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

Zip Code

FL

33311

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

Violet C. Williams

REGISTERED AGENT MUST SIGN

Date

12-1-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Violet C. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-16

525-3765

Date

Daytime Phone #