APPLICATION FORIDADER FOR MENT OF STATE FOR SALE Mocham FINSTATEMENT FOR	
REINSTATEMENT WIS IN F CORPORATIONS	
·	
DOCUMENT # P97000040782 98 NOV 30) PM 3: 06
C W WILLIAMS, INC.	RY OF STATE SEE, FLORIDA
TALLAHAS!	SEE, FLORIDA
Principal Place of Business Mailing Address	· (\$\$)) ##?)? ###! \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
19500 NW 39TH AVENUE 19500 NW 39TH AVENUE MIAMI FL 33055 MIAMI FL 3305	
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 4. Date incorporated or Qualifie	d
To Do Business in Florida Suite, Apt. #, etc.	05/15/1997
5. FEI Number City & State City & City & State City &	Applied For Not Applicable
Zip Country Zip Country CERTIFICATE OF STATUS DESI	\$8.75 Additional Fee regulired
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	To a certificate of Status
Title(s) Name of Officers Title(s) and/or Directors Street Address of Each Officer and/or Director Officer and/or Director Office Box Numbers) 4	City / State / Zip
D WILLIAMS, CLARENCE W 19500 NW 39TH AVENUE MIAMI FL 330	D55
la de la composición della com	27020816
-12/03/9801082026 *****150.00 *****150.00	
*****	130.00 ****130.00
	72
8. Name and Address of Current Registered Agent 9. Name and Address of New Name	
WILLIAMS, CLARENCE W Street Address (P.O. Box Number is Not Acceptable)	
9500 NW 39TH AVENUE MIAMI FL 33055 Suite, Apt. #, Etc.	5) (2006) (2007) (2007) (2007)
City	State Zip Code
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.	FL
Signature of Registered Agent Laure College Date REGISTERED AGENT MUST SIGN Date	1/27/98
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, this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.04 owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.0 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	101 or 617.0401, F.S., that all fees
SIGNATURE:	Daytime Phone #

CW WILLIAMS, INC.



November 27, 1998

Division of Corporations

Dear Sir or Madam:

To whom it may concern my name is Clarence Williams I am requesting a waver of the fee imposed to my company because I never received the first form, or application for renewal. I was instructed to write this letter and send a check for \$150.00 to your office witch I am doing so. Thank you for your attention in this matter.

Sincerely,

Clarence W. Williams

President

Clause W. Welliam

. -