· •	Œ	SENTAD A	ALL INS	PUCTIONS	BEFORE C	OMPLET	ING THIS FO	RM.		
APPLICATION LONDANGEPARTMENT OF STATE						<i>Y t</i> \				
FOR				Katherine Harris Secretary of State						
REINSTATEMENT DIVISION OF CORPORATIONS						J FILED				
DOCUMENT # P9700046402 1. Corporation Name						99 NOV 15 AM 9: 44				
J.S. WILLIAMS KITCHENS & BATH, INC.						SECKETARY OF STATE TALLAHASSEE. FLORIDA				
				.		TAI	LLAHASSEE. I	LUKIDA		
Principal P	lace of Business		Mailing Add	Mailing Address			I INTERIOR HAS ISSUE AND RENT AND			
10065-C ADAMO DR BRANDON- CROSSINGS			10065-C ADAMO DR Brandon Crossings							
TAMPA FL 33619 US			TAMPA FL 33619 US							
•	eldesses am meamed	in any way line thro		nformation and enter o	correction below					
trabose addresses are incorrect in any way. Ime through incorrect information New Principal Office Address If Applicable 3 New Mailing Office A							4. Date Incorporated or Qualified To Do Business in Florida 05/27/1007			
Suite, Apt	#, etc		Suite, Apt. #, etc.			To Do Business in Florida 05/27/1997 5. FEI Number Applied For				
City & State			City & State			59-3496051		F-1-	Not Applicable	
Zip	Count	ry	Zip	Country	У	6. CERTIFICATI	E OF STATUS DESIRED	\$8.75 Addition for a Certific	al Fee required ate of Status	
7. Names	and Street Addresses		or Director (Flo				T			
Title(s)	Name of Officers and/or Directors			Off	Street Address of Each Officer and/or Director 3		City / State / Zip			
DP	WILLIAMS, JOHN S			10065-C ADAMO	DR BRANDON (CROSSIN TAMPA FL 33617				
			<u>, , , , , , , , , , , , , , , , , , , </u>				100030 -12/03/9 ****150	901063	1 1 1 1	
	8. Name and A	ddress of Current F	Registered Ag	ent	Name /	9. Name and /	Address of New Regi	stered Agent	(80	
NATIONSCORP REGISTERED AGENTS, INC. Street Address (F						P.O. Box Number is Not Acceptable)				
526 E PARK AVE TALLAHASSEE FL 32301 Suite, Apt. #. E						5-C ADAMO JE				
					City	NO CR	095W65	State Zip Code	-	
10 Lhain	appointed the registe	red agent of the abo	ue named Arn	oration am familiar w	74/1	PA- bligations of Sect	on 607 0505 F.S	FL Zip Code	6/9	
Signature of Registered		she L	1. N	mi				-22-99		
		- RE	GISTEREUAC	GENT MUST SIGN						
this rein	that I am an office or instatement application, y the corporation have application is true and	the reason for disso been paid and the r	lution has beel ames of indivi	n eliminated, the corpo duals listed on this for	orate name satisfies m do not qualify for	the requirements an exemption un r oath.	of section 607.0401 of der section 119.07(3)(ir 617.0401, F.S., tl (), F.S. The informa	hat all fees ation indicated	
SIGNA		HAND TYPED OR BOIL	TED NAME OF	SIGNING OFFICER OR I	DIRECTOR	10-16	Date	1/3 -6/5-a		
	SIGNATUR.			2				,		

(2)

October 14,1999

To whom it may concern:

Please be advised that I haven't to this date received a bill for my corporation filing fee.

Also be advised that this notice of dissolution is the first notice of any kind that I should have received.

Therefore, I request reinstatement and the waiver of all filing fees.

John S. Williams

President