

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000108387	
1. Entity Name D.L. WILLIAMS TRANSPORT INC.	

FILED

10 DEC 17 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

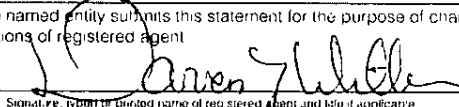
Principal Place of Business 217 SE AMMONS AVE MADISON, FL 32340	Mailing Address 217 SE AMMONS AVE MADISON, FL 32340
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

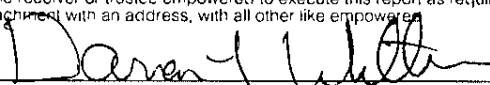
12172010 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent WILLIAMS, DARREN L 217 SE AMMONS AVE MADISON, FL 32340	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	SIGNATURE  DATE 12/17/10
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FILE NOW!!! FEE IS \$750.00 After January 1, 2011, Fee will be \$900.00
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P NAME WILLIAMS, SR, DARREN L STREET ADDRESS 217 SE AMMONS AVE CITY-ST-ZIP MADISON, FL 32340	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.
SIGNATURE:  DATE 12/17/10 Filing Fee # 850 673 8287

12/17/10