

1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV -5 AM 8:00

DOCUMENT # P98000001246

1. Corporation Name
Michael Williams Enterprise Inc.

2. Principal Office Address
7186 Shoal Line Blvd

3. Mailing Office Address
7186 Shoal Line Blvd

Suite, Apt. #, etc.
City & State
Weeki Wachee, FL

Zip Country
34607 USA

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida 01/06/98
5. FEI Number 59-3485453
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name CORPORATION Service Company Michael W Williams
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. 7186 SHOAL LINE BLVD
Suite, Apt. #, Etc.
City TALLAHASSEE Weeki Wachee
State FL Zip Code 34607

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent [Signature] Date 11-3-03
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPTS	Michael Williams	7186 Shoal Line Blvd	Weeki Wachee, FL 34607
			800024052748
			10/28/03--01070--001 **150.00
			10/23/03--01070--001 **150.00

10. 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: [Signature] Date 11-3-03 3525850254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CFR2E081 (10/02)

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October 20, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

I moved in December 2002 from 4234 Camelia Dr Hernando Beach Florida 34607 to 7186 Shoal Line Blvd Fl 34607 and never received the Profit Corporations Annual Report Packet. My accountant brought to my attention that my corporation could be dissolved. After speaking with your office I was informed that I needed to download this form and send in \$150.00 to reinstate.

Yours Truly,



Michael Williams