2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
04 NOV 23 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000036792

1. Entity Name
LISA WILLIAMS ASID, P.A.

Principal Place of Business	Mailing Address
5056 SAND DOLLAR LANE NAPLES, FL 34103	5056 SAND DOLLAR LANE NAPLES, FL 34103

11032004 REIN-P CR2E098 (6/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
65-0445465
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ASID, LISA W 5056 SAND DOLLAR LANE NAPLES, FL 34103	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: Lisa M Williams 11/15/04
Type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2005, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST WILLIAMS, LISA 5056 SAND DOLLAR LANE NAPLES, FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000042964060 11/23/04--01058--012 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000042964060 11/23/04--01058--013 **8.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition R 11/30
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered.

SIGNATURE: Lisa M Williams 11/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

WILLIAMS
A.S.I.D.
5065 SAND DOLLAR LN, NAPLES FL 34103
P.O.BOX 516 • NAPLES, FLORIDA 34106-0516 • 239 434-7328

DOCUMENT # P98000036792

10/24/04

FLORIDA DEPT. OF STATE

DEAR SIRS,

I JUST RECEIVED A NOTICE STATING THAT MY FLORIDA CORPORATION HAS BEEN DISSOLVED. I NEVER RECEIVED THE ANNUAL REPORT FORM.

ENCLOSED PLEASE FIND A CHECK FOR THE $150.00 ANNUAL FEE. WE WERE SO DISRUPTED BY THE HURRICANE DISASTERS, I ASSUME THE PAPERWORK NEVER MADE IT TO MY OFFICE.

PLEASE ADVISE!

SINCERELY,

Lisa Williams

WILLIAMS
A.S.I.D.
P.O.BOX 516 • NAPLES, FLORIDA 34106-0516 • (239) 434-7328

11/14/04

DEAR SIRS,

THANK YOU FOR YOUR HELP IN THIS MATTER.

SINCERELY,

Lisa M Williams

RE: 504A00063177