

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000051323

1. Corporation Name

WILKERSON & WILLIAMS, P.A.

Principal Place of Business

1601 FORUM PLACE STE 307  
WEST PALM BEACH FL 33401

Mailing Address

1601 FORUM PLACE STE 307  
WEST PALM BEACH FL 33401

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date incorporated or Qualified  
To Do Business in Florida

06/05/1998

5. FEI Number

65-0840298

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$675.00 (if not required, leave blank)

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	WILKERSON, JAMES D JR	1601 FORUM PLACE STE 307	WEST PALM BEACH FL 33401
D	WILKERSON, LOUIS L	1601 FORUM PLACE STE 307	WEST PALM BEACH FL 33401

8. Name and Address of Current Registered Agent

WILLIAMS, LOUIS L  
1601 FORUM PLACE STE 307  
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	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.

Signature of  
Registered Agent

*Louis L. Williams*  
REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11/18/99

11. 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: *Louis L. Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/99 (501) 682-9060  
Date Daytime Phone #

FILED  
99 NOV 22 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 99

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