

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000053879

1. Corporation Name

WILLIAMS Earthwork, INC.

2. Principal Office Address

4616 DuBois St

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 470105

Suite, Apt. #, etc.

City & State

LAKE MONROE, FL

City & State

LAKE MONROE, FL

Zip

32747

Country

US

Zip

32747

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

06/15/98

5. FEI Number

593520887

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 03-05**

**7. Name and Address of Current Registered Agent**

Name

SHANTIE WILLIAMS

Street Address (P.O. Box Number is Not Acceptable)

105 ELLEN PLACE

Suite, Apt. #, Etc.

City

SANFORD

State  
**FL**

Zip Code

32747

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]

REGISTERED AGENT MUST SIGN

Date

1/28/05

**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
P	Williams, Willie B	4616 DuBois St	Lake Monroe, FL 32747
V	Williams, Catyia	114 Hughes Ave	Sanford, FL 32771
S	Williams, Shantie	105 ELLEN Place	Sanford, FL 32771

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/28/05

Daytime Phone #

407 323-7167

CR2E081 (01/05)

DATE: 01/28/05

TO: Fla. Dept of State

ATTN: Division of Corporation

RE: REINSTATEMENT (corporation)  
waiver reinstatement fee

FROM: Shantie Williams

To Whom it may concern:

THE REASON FOR NOT FILING  
WHEN DUE IS BECAUSE OF  
ADDRESS CHANGE.