

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**  
 05 APR 14 PM 2:48  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**CORPORATION  
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000058202**

**1. Corporation Name**  
 LES WILLIAMS & ASSOCIATES INC

**2. Principal Office Address** 3725 HIGHWAY 19A  
**3. Mailing Office Address** 3725 HIGHWAY 19A

Suite, Apt. #, etc.

**City & State**  
 MOUNT DORA, FL MOUNT DORA, FL

**Zip** 32756 **Country** USA **Zip** 32756 **Country** USA

**4. Date Incorporated or Qualified To Do Business in Florida** 6/29/98

**5. FEI Number** 59-3538411 **Applied For**  
 **Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED**  \$8.75 Additional Fee required for a Certificate of Status

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

**Name** HALL, CHARLES E  
**Street Address (P.O. Box Number is Not Acceptable)** 77 ALMERIA STREET 900054332729  
 Suite, Apt. #, Etc. 05/12/05 01061 001 \*\*300 00  
**City** ST. AUGUSTINE **State** FL **Zip Code** 32084

**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** **Date** 4/12/05  
 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
DPVST	WILLIAMS, EDWIN L.	1925 SUNSET RD	MOUNT DORA, FL 32756

**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:** **Date** 4/12/05 **Daytime Phone #** 352 383 1664  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)