

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000102318

1. Corporation Name

JEFFREY M. WILLIAMSON, PH.D., INC.

Principal Place of Business

2235 N. COURTENAY PKWY. STE. A
MERRITT ISLAND FL 32953

Mailing Address

2235 N. COURTENAY PKWY. STE. A
MERRITT ISLAND FL 32953

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

2. New Principal Office Address, If Applicable

1395 N. COURTENAY PKWY

Suite, Apt. #, etc.

SUITE 203

City & State

MERRITT ISL. FL

Zip
32953

Country
BREVARD

3. New Mailing Office Address, If Applicable

1395 N. COURTENAY PKWY

Suite, Apt. #, etc.

SUITE 203

City & State

MERRITT ISL. FL

Zip
32953

Country
BREVARD

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/1998

5. FEI Number

59-3558828

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	WILLIAMSON, JEFFREY M	2235 N. COUTERAY PKWY STE A 1395 N Courtenay Parkway St 203 1395	MERRITT ISLAND FL 32953 700003556277-9 01/22/01-01004-010 ***900.00 ***900.00

8. Name and Address of Current Registered Agent

WILLIAMSON, JEFFREY M
2235 N. COURTENAY PKWY. STE. A
MERRITT ISLAND FL 32953

9. Name and Address of New Registered Agent

Name

JEFFREY M. WILLIAMSON PH.D

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

1395 N. COURTENAY PKWY

Suite, Apt. #, Etc.

SUITE 203

City

MERRITT ISL.

State

FL

Zip Code

32953

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

Jeffrey M. Williamson
REGISTERED AGENT MUST SIGN

Date

11-22-00

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:

Jeffrey M. Williamson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-22-00

Date

321-459-1003

Daytime Phone #

KE

CR2E040 (8/00)