

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000108237**

1. Corporation Name

**WILLIAMS & ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

8570 COMMERCE ST., S-214  
CAPE CANAVERAL FL 32920

8570 COMMERCE ST., S-214  
CAPE CANAVERAL FL 32920

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/01/1999

5. FEI Number

59-3550901

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
D	WILLIAMS, SANDRA K	111 OCEAN GARDEN LANE	CAPE CANAVERAL FL 32920
D	WILLIAMS, DONALD E	111 OCEAN GARDEN LANE	CAPE CANAVERAL FL 32920

600023955276  
10/20/03--01050--001 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAMS, DONALD E  
8570 COMMERCE ST., S-214  
CAPE CANAVERAL FL 32920

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/14/03

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

16 Oct 2003 321 797-2065

CR20040 (7/03)

***Williams and Associates, Inc.***

111 Ocean Garden Lane  
Cape Canaveral, Florida 32920  
(321) 693-2000 (321) 799-3247 fax  
DonWmsandAssoc@AOL.Com

October 17, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

Dear Sirs/Madam,

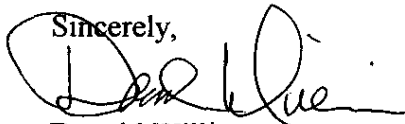
I have submitted another renewal application to replace the original one we mailed on July 14, 2003, along with our renewal check, which was not received by your division.

I contacted your office last month to report the non-payment of the check we originally submitted and requested that our corporate registration be brought up to date. The gentleman I spoke with told me that they had not received our renewal and would send us another application. We stopped payment on the previous check and have enclosed payment along with our renewal application.

We hope that this will meet your requirement and please renew the registration for our company immediately.

Should you have any questions, please do not hesitate to contact us.

Sincerely,



Donald Williams  
Vice President and Registered Agent

Cc: File