

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAY 28 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P990000 33381

1. Corporation Name

NINA-DAWNE WILLIAMS, P.A.

200130292422

05/28/08--01001--022 **600.00

REINSTATEMENT 03N08

2. Principal Office Address - No P.O. Box #

20801 BISCAYNE Blvd.

Suite, Apt. #, etc.

403

City & State

Aventura, FL

Zip

33180

Country

USA

3. Mailing Office Address

20801 BISCAYNE Blvd.

Suite, Apt. #, etc.

403

City & State

Aventura, FL

Zip

33180

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

900005097

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NINA-DAWNE WILLIAMS, ESQ.

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

20801 BISCAYNE Blvd.

Suite, Apt. #, Etc.

SUITE 403

City

Aventura

State

FL

Zip Code

33180

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Nina Williams

REGISTERED AGENT MUST SIGN

Date 23 May 2008

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
CEO	NINA-DAWNE WILLIAMS	20801 BISCAYNE Blvd #403	Aventura
COO	NINA J. WILLIAMS	20801 BISCAYNE Blvd #403	

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 contained in Chapter 119, 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:

Nina Williams

NINA-DAWNE WILLIAMS

23 May 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #