

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # P99000055944

1. Corporation Name

WILLIAMS AND SONS, INC.

Principal Place of Business

6560 STARK RD.
SEFFNER FL 33584

Mailing Address

6560 STARK RD.
SEFFNER FL 33584

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/18/1999

Suite, Apt. #, etc.

4711 N. 22ND STREET

Suite, Apt. #, etc.

4711 N. 22ND STREET

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33610 Hillsborough

Zip

33610 Hillsborough

5. FEI Number

54-3583611

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	WILLIAMS, ARMSTER JR	6560 STARK RD.	SEFFNER FL 33584
DP	WILLIAMS, ARMSTER JR	4711 N. 22ND STREET	TAMPA, FL 33610

8. Name and Address of Current Registered Agent

WILLIAMS, ARMSTER JR
6560 STARK RD.
SEFFNER FL 33584

9. Name and Address of New Registered Agent

Name ARMSTER WILLIAMS JR.
Street Address (P.O. Box Number is Not Acceptable)
4711 N. 22ND STREET
Suite, Apt. #, Etc.
City TAMPA State FL Zip Code 33610

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

[Signature] **SIGNATURE REQUIRED**

Date 10-16-2000

REGISTERED AGENT MUST SIGN

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 10/16/2000 Daytime Phone # (813) 238-9610

Williams & Sons Funeral Home



4711 N. 22nd Street
Fax (813) 238-7700

Ph.: (813) 238-9610
(813) 238-8179

OCTOBER 16, 2000

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION
ANNUAL REPORT
P.O. BOX 6327
TALLAHASSEE, FL. 32314

RE: P99000055944

Gentlemen:

As per our telephone conversation with your staff, enclosed please find the amount of \$150.00 to renew our Annual Corporate Report.

Please be advised that we did not receive your previous notifications, and we moved to:

4711 N. 22ND Street
Tampa, FL 33610

Also enclosed for your info, please our notification of change of address to the Federal Government.

Truly yours

*Armita Williams

Armita Williams Jr.

President

ENCLOSURE.