PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 DEC 29 AM 8:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P99000064639**

1. Corporation Name

ANDREW WILLIAMSON CONSTRUCTION, INC.

Principal Place of Business
8536 GLENN WILLIAMSON ROAD
P.O. Box 1273 Macclenny Fl. 32063

Mailing Address
P.O. BOX 1273
MACCLENNY FL 32063

REINSTATEMENT

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

2. New Principal Office Address, If Applicable
8536 GLENN WILLIAMSON ROAD
Macclenny Fl. 32063

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip
Country USA

ry USA

4. Date Incorporated or Qualified To Do Business in Florida
07/21/1999

5. FEI Number
59-3588426
Applied For
Not Applicable

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

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
DP	WILLIAMSON, ANDREW B	8536 GLENN WILLIAMSON ROAD	MACCLENNY FL 32063

700003532507--8
-01/11/01--01032--017
****750.00 ****750.00

8. Name and Address of Current Registered Agent

WILLIAMSON, ANDREW B
8536 GLENN WILLIAMSON ROAD
P.O. Box 1273 Macclenny Fl. 32063

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (8/00)

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 Andrew B. Williamson REQUIRED Date 12-24-00
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.

KE

SIGNATURE: Andrew B. Williamson REQUIRED 12-24-00 904-259-3538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #