

# APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000106321

1. Corporation Name  
**Williams Brothers Mortgage Services, Inc.**

Principal Place of Business	Mailing Address
101 Century 21 Drive Suite 122 Jacksonville, FL 32216	101 Century 21 Drive Suite 122 Jacksonville, FL 32216

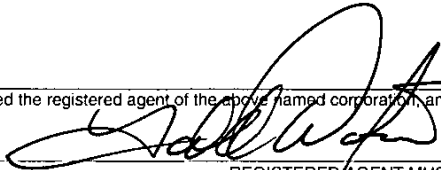
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		December 8, 1999	
City & State		City & State		5. FEI Number	
				59-3612448	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				<div> <div>Apply <b>SP</b></div> <div>Not Applicable</div> </div> <div> <div>\$8.75 Additional Fee required for a Certificate of Status</div> </div>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Luther L. Williams, III	101 Century 21 Dr. Ste 122	Jacksonville. FL 32216
D	Tyrone K. Williams, Sr.	101 Century 21 Dr., Ste 122	Jacksonville, FL 32216

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Todd Watson, Attorney at Law 7785 Baymeadows Way, Suite 107 Jacksonville, FL 32256		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		State	Zip Code
		FL	

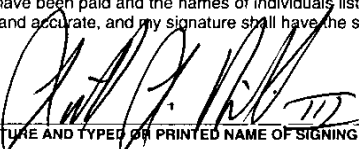
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent  Date 12/12/00

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Luther L. Williams, III** Date 12/12/00 (904) 725-1938 Daytime Phone #

FILED  
00 DEC 15 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR20040 (1/98)