APPLICATION FOR REINSTATEMENT

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

FILED

99 DEC 20 AM 10: 48

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

DOCUMENT # S78177

1. Corporation Name

Williams Risk Management, Inc.

Principal Place of Business

7000 Griffin Rd.
Brooksville, FL.
34601 - 7750

Mailing Address

(SAME)

REINSTATEMENT 98-99

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 9-1-91	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-3084687	Applied For
City & State	City & State		Not A...
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED ☐	

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Billy E. Williams E Jr.	7000 Griffin Road	34601 Brooksville, FL. - 775.
			700003082447--
			--12/29/99--01000 001
			****900.00 ****900.0
			LS

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Billy E. Williams E Jr. 7000 Griffin Rd. Brooksville, FL. 34601- 7750	Name N/A
	Street Address (P.O. Box Numbers 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.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN   Date 12-14-99

11. This corporation owes 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 ... 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____   12-14-99   (727) 460-645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #