

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **720690**

1. Corporation Name

WALSINGHAM APARTMENTS INC.

Principal Place of Business

Mailing Address

14531 WALSINGHAM ROAD
 OFFICE #125
 LARGO FL 34644
 US

14531 WALSINGHAM ROAD
 OFFICE #125
 LARGO FL 34644
 US

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



REINSTATEMENT

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2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/09/1971

SP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1788276

Applied For

Not Applicable

City & State

City & State

Zip **33774**

Country

Zip **33774**

Country

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
PD	MILLER, JAMES	45 BIRCHTREE ST	HOMOSASSA FL 34446
VP	KELLEY, MICHAEL	610 STATE ST	YORKVILLE IL 60560
PPD	BALLANTYNE, STEVE	507 COMMISSINERS RD E	LONDON ONTARIO CA N6C 2
SD	BLAND, JAMES	330 L R A DR	AURORA IL 60506
TD	LEDEN, OTTO	738 DUNCAN DRIVE 59 S WALNUT DR #206	AURORA IL 60506
VP	WEBER, WALTER	14531 WALSINGHAM RD	LARGO, FL 33774

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAMBERT, EUGENE
 11483 OAKHURST RD
 LARGO FL 33774

Name
BERNARD L. CHRISTOFERSON
 Street Address (P.O. Box Number is Not Acceptable)
14531 WALSINGHAM RD
 Suite, Apt. #, Etc.
#123
 City
LARGO
 State
FL
 Zip Code
33774

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]

REGISTERED AGENT MUST SIGN

Date 11/1/2000

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.

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SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEVE BALLANTYNE

11/1/2000

Date Daytime Phone #