PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

= =	PORATION				S	ecretary	MENT OF of State	•	. กร N	nv	ED 1 PH 4: 0'	9	
DOCUMENT # P00000093953 1. Corporation Name								SECRETARY OF STATE TALLAHASSEE, FLORIDA					
MICHAEL WALKER, P.A.													
DEI									NSTA	TE	MENT	53	·
2. Principal Office Address 407 Lincoln Road					3. Mailing Office Address				diala			000	15T) ac
Suite 4D				+	Suite 4D				1/10/03 90036 008 /50 ac 4. Date/incorporated or Qualified To Do Business in Florida				
City & State Miami Beach					City & State Miami Beach				5. FEI Number Applied For				
Zip 33139	Country				Zip 33139		Country		65-10: CERTIFICATE		Ne Deelben [7] \$	8.75 Additional	t Applicable
	7. Name and Address of Current Registered Agent									e or status :			
	Name Walker, Michael Esq.												
•	Street Address (P.O. Box Number Is Not Acceptable) 407 Lincoln Road												1
	Suite, Apt. #, Etc. Suite 4D												1
	Cily Miami Beach									State FL	Zip Code 33139		
8. I, being	appointed the	register	ed agent of th	e abov	e named corpo	ration, am	iamiliar with and	accept the o	bligations of section	on 607.0	505 or 617.0503, F	.s.	
Signature of Registered Agent REGISTERED AGENT MUST SIGN									· · · · · · · · · · · · · · · · · · ·	Date	11-04-03	· · · · · · · · · · · · · · · · · · ·	
9. Names	and Street A	dresses	of Each Office				ofit corporations	must list at le	ast 3 directors)			<u>-</u>	
Titles	Name of Officers and/or Directors			ectors			Street Add Officer an		City / State / Zip				
Р	Walker, Michael					407 Li	ncoln Road Suite 4D		D	Miami Beach, Fl 33139			
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10. 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 filling 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.													
SIGNAT		X- GNATUR	EAND TYPED	OK PÍN	NTED NAME OF	SIGNING OF	FICER OR DIRECT	109	1	1/04/ Date		538-9800	<u> </u>
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July 10, 2003

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Michael Walker, P.A. P00000093953

Dear Sir or Madam:

As per our telephone conversation yesterday, the renewal of the 2003 UBR for this company has not been received by your department. We have mailed the completed form with check on April 15,2003. We have verified with our bank and it is still outstanding as of today. At this point we will put stop payment of that particular check since we believe has been lost in the mail. Please find attached herewith a new check and a new application as per your advice.

Thank you in advance for all inconveniences,

Best regards

Mary E.Prados, C.P.A, P.A.



November 4, 2003

Florida Department of State Division of Corporations Annual Report/Reinstatement Section/Attn: Tina Roberts P.O. Box 6327 Tallahassee, Fl 32314-6327

Re: Michael Walker, P.A. P00000093953

Dear Ms. Roberts:

As per our conversation today, please find attached herewith copies of letter with explanation and copy of the cashed check sent back in July 10, 2003. Apparently the application that was sent with the check was separated and was lost.

As per your advice we are sending an application for reinstatement to reinstate this corporation. At this point please review the back-up and you will see that this has been a very bad experience for my client and that really was out of his hands, that is why I am asking for you to please waive the penalty of \$400.00.

Thank you in advance for your assistance it will be very much appreciated.

Yours sincerely,

Mary E. Prados, C.P.A., P.A.

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