## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000101423

Entity Name: WALT SERVICES, INC.

Address:

City-St-Zip:

736 19TH PLACE SW

VERO BEACH, FL 32962

FILED Sep 17, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 736 19TH PLACE SW VERO BEACH, FL 32962 US **Current Mailing Address: New Mailing Address:** 736 19TH PLACE SW VERO BEACH, FL 32962 US FEI Number: 20-5321267 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BENITEZ, WALTER A 736 19TH PLACE SW VERO BEACH, FL 32962 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: WALTER BENITEZ Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition BENITEZ, WALTER A Name: Name: 736 19TH PLACE SW Address: Address: City-St-Zip: VERO BEACH, FL 32962 US City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: BARRERA, FELIPE F Name: 736 19TH PLACE SW Address: Address: VERO BEACH, FL 32962 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition REYES, WILFREDO Name: Name: 736 19TH PLACE SW Address: Address: City-St-Zip: VERO BEACH, FL 32962 City-St-Zip: Title: ( ) Delete Title: () Change () Addition REYES, YOLANDA D Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

Ρ SIGNATURE: WALTER BENITEZ 09/17/2007