

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC 20 AM 11:21

DOCUMENT #

268465

1. Corporation Name

WALTON BEAN COMPANY

2. Principal Office Address

226 S. Palafox Place

Suite, Apt. #, etc.

9th Floor, Seville Tower

City & State

Pensacola, FL 32501

Zip

32501

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 85-00

4. Date Incorporated or Qualified
To Do Business in Florida

3/28/63

5. FEI Number

59-1003565

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

M. J. Menge

Street Address (P.O. Box Number is Not Acceptable)

226 S. Palafox Place

Suite, Apt. #, Etc.

9th Floor, Seville Tower

City

Pensacola

State

FL

Zip Code

32501

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

M. J. Menge
REGISTERED AGENT MUST SIGN

Date **12/18/2000**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P-D S/T	M. J. Menge	226 S. Palafox Place 9th Floor, Seville Tower	Pensacola, FL 32501

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 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:

M. J. Menge M. J. Menge

12/18/00

Date

(850) 434-2411

Daytime Phone #