

# APPLICATION FOR REINSTATEMENT



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

DOCUMENT # 438382

1. Corporation Name

JIM WALKER, INC.

Principal Place of Business

1310 N HERCULES AVENUE  
PO BOX 5225  
CLEARWATER FL 34618

Mailing Address

1310 N HERCULES AVENUE  
PO BOX 5225  
CLEARWATER FL 34618

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip 34624

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip 34697

Country USA

4. Date Incorporated or Qualified To Do Business in Florida

10/17/1978

5. FEI Number

59-1504280

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	WALKER, JR. J T	4305 S. FRANKLIN ST.	ENGLEWOOD CO
SD	WALKER, J.T.	1655 CLEVELAND STREET	CLEARWATER FL

300003514553--8  
-12/27/00--01064--018  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

WALKER (J.T., JR.)  
1310 N. HERCULES AVE  
CLEARWATER FL 34624

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is 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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 12/11/00

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.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.T. WALKER, JR

12/11/00 (303) 307-0060  
Date Daytime Phone #