PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT

604182

1. Corporation Name

MARLIN D. WALKER, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

1511 SEFFNER-VALRICO ROAD

1511 SEFFNER-VALRICO ROAD

FILED

01 JAN -8 AM 10: 31

SEGRETARY OF STATE TALLAHASSEE, FLORIDA



SEFFNER FL 33584		SEFFNER FL 33584			T (EDILE BUILL								
If above a	ddroceae aro	incorract in any way line th	rough incorrect in	formation a	nd enter correction	n helow		rzi	TATEMEN		00-01		
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mailin					ng Office Address, If Applicable				orated or Qualified	(Jygana)			
Suite Apt # etc. Suite, Apt. #,				atc			101	Do Busin	ess in Florida	03/01	/1973		
Suite, Apt. #, etc. Suite, Apt. #							5. FEI	Number		-	- Applied For -		
City & State			City & State			<u> </u>		59-1440587		Not Applicable			
Zip Country			Zip	Country		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee for a Certificate of							
7. Names	and Street Ad	dresses of Each Officer and	I/or Director (Flo	rida nonpro	fit corporations mu	st list at lea	ast 3 dire	ctors)					
Title(s)	2 .	Name of Officers and/or Directors		3	Street Addre Officer and				Ci	ty / State / Z	Zip		
Р	P WALKER, MARLIN D.			212 MOON AVE				7	BRANDON FL 7000035367773				
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									****750	001.8	***750.00		
8. Name and Address of Current Registered Ager					nt 9				9. Name and Address of New Registered Agent-				
					Name	Di	(iE-		WALKE	a			
BÔGGS, E. JACKSON					Address (P.O. Box	O. Box Number is Not Acceptable)						
501 EAST KENNEDY BOULEVARD				Z / Z N · Suite, Apt. #, Etc.				<i>[. </i>	MOON AV				
	E 1700		ELET	E	Suite,	Αρι. #, Ειί							
TAMPA FL 33602					City BRA			N		State Zig	o Code 33 <i>510</i>		
10. I, being Signature of Registered	of A	registered agent of the at	pove named corpo	oration, am	familiar with and a	ccept the c	obligations	s of Secti	ion 607.0505, F.S. Date	4/01	<u>'</u>		
	14	F	REGISTERED AG	ENT MUST	r sign								
this rein	nstatement ap	officer or director or the reco plication, the reason for dis- tion have been paid and the true and acceptate, and my	solution has been a names of individ	eliminated luals listed	, the corporate nar on this form do no	ne satisfies t qualify for	s the requ r an exem	irements	of section 607.0401 or	6 17.0401, I	F.SI, that all fees		