

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED
Dec 06, 2002 8:00 A.M.
Secretary of State

DOCUMENT # **687389**

1. Corporation Name

WALKER BROTHERS, INC.

Principal Place of Business

1877 SW 15TH AVE
BOYNTON BEACH FL 33426

Mailing Address

1877 SW 15TH AVE
BOYNTON BEACH FL 33426

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

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/1980

5. FEI Number

59-2022582

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	WALKER, WORLEY	1877 S.W. 15TH AVE.	BOYNTON BCH, FL
V	WALKER, TERRY	1877 S.W. 15TH AVE.	BOYNTON BCH FL
S	WALKER, STEVEN	1877 S.W. 15TH AVE.	BOYNTON BCH FL
T	WALKER, RICKY	1877 S.W. 15TH AVE.	BOYNTON BCH FL

800009398948
12/06/02--01048--010 **750.00

8. Name and Address of Current Registered Agent

DAVIS, ZELL, JR.
301 FIRST STREET
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name

Steven E. Walker

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

11818 INVERNESS CR.

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33414

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. or 617.0505, F.S.

Signature of
Registered Agent

Signature of Registered Agent REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/03/2002

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/03/2002

Daytime Phone #

561 732-5915

CR2E040 (8/02)