

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768347

1. Corporation Name

Walker Community Association, Inc.

2. Principal Office Address

625 North Flagler

Suite, Apt. #, etc.

9th Floor

City & State

West Palm Beach, Florida

Zip

33401

Country

USA

3. Mailing Office Address

3432 West 45th Street

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33407

Country

USA

FILED

05 FEB 18 AM 10:59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

N/A

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

John F. Flanigan

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

625 No. Flagler Drive

Suite, Apt. #, Etc.

9th Floor

City

West Palm Beach

State

FL

Zip Code

33401

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

Date

REGISTERED AGENT MUST SIGN

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
EDP	Barry F. Seaman	3432 West 45th Street	West Palm Beach, FL 33407
VTD	Larry Murphy	3432 West 45th Street	West Palm Beach, FL 33407

**200047407947
02/28/05--01081--002 **245.00**

REINSTATEMENT 02-05

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:

Barry F. Seaman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry F. Seaman

2/4/05

Date

(561) 684-2160

Daytime Phone #

CR2E081 (01/04)