

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAR 28 AM 9:44
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F62506

1. Corporation Name

Charles M. Walk, Inc.

2. Principal Office Address

993 S.W. Jafus Ave.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake City, Florida

City & State

Zip
32024

Country
U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 01/08/1982

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 85-06
CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name
Charles M. Walk

Street Address (P.O. Box Number is Not Acceptable)
993 S.W. Jafus Ave.

Suite, Apt. #, Etc.

City
Lake City,

State
FL

Zip Code
32024

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

Charles M. Walk

Date 3/23/06

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
DPST	Charles M. Walk	993 S.W. Jafus Ave.	Lake City, Florida 32024
			400063440254 04/04/06--01053--007 **3207.50
			<i>3/31</i>

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 contained in Chapter 119, 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:

Charles M. Walk CHARLES M. WALK

Date

3/23/06

Daytime Phone #

(386) 752-0762