

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 SEP 30 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000005886**

1. Corporation Name

**WALKER AND ASSOCIATES OF VIRGINIA, INC.**

Principal Place of Business

7129 OLD HWY. 52 ;  
WELCOME NC 27374

Mailing Address

P O BOX 1029  
WELCOME NC 27374  
US

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 01-02**



4. Date Incorporated or Qualified To Do Business in Florida

12/04/1995

5. FEI Number

54-0982503

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VAS	WHITLEY, MARK L	7129 OLD HWY. 52	WELCOME NC 27374
SD	WALKER, VIRGINIA M	7129 OLD HWY. 52	WELCOME NC 27374
TD	WALKER, MILTON C	7129 OLD HWY. 52	WELCOME NC 27374
P	WALKER, MARK C	7129 OLD HIGHWAY 52	WELCOME NC 27374
			400008148934--2 -10/02/02--01015--018 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL-32301-2525

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

*Deborah D. Skipper* **SIGNATURE REQUIRED** Deborah D. Skipper  
Asst. V. Pres.

Date

9/13/02

REGISTERED AGENT MUST SIGN

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.

*Controler/ Director of Finance*

SIGNATURE:

*Terrie L. Brown* **SIGNATURE REQUIRED** (TERRIE L. BROWN)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/02

Date

336-731-5464

Daytime Phone #

CFR2 040 (8/01)