

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 19 PM 4:05

DOCUMENT # F97000006562

1. Corporation Name

RAYMOND WALKER COMPANY

REINSTATEMENT 03-04

Principal Place of Business

Mailing Address

~~600 W. PEACHTREE ST., #2350~~  
~~ATLANTA GA 30308~~

~~600 W. PEACHTREE ST., #2350~~  
~~ATLANTA GA 30308~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2100 River Edge Parkway

3. New Mailing Office Address, If Applicable

← Same

4. Date Incorporated or Qualified  
To Do Business in Florida

12/11/1997

Suite, Apt. #, etc.

Suite 425

Suite, Apt. #, etc.

City & State

Atlanta GA

City & State

Zip

30328

Country

US

Zip

Country

5. FEI Number

58-1744725

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
PDC	WALKER, RAYMOND C	<del>600 W. PEACHTREE ST., #2350</del> #425 2100 River Edge Parkway	ATLANTA GA 30308 30328
VDC	WARDEN, JOHN T	<del>600 W. PEACHTREE ST., #2350</del> #425 2100 River Edge Parkway	ATLANTA GA 30308 30328
SD	TRUSTY, ROBERT M	<del>600 W. PEACHTREE ST., #2350</del> #425 2100 River Edge Parkway	ATLANTA GA 30308 30328

800031844318  
04/05/04--01064--019 \*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NRAI SERVICES, INC.  
526 EAST PARK AVE.  
TALLAHASSEE FL 32301

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. or 617.0505, F.S.

Signature of  
Registered Agent

Alison Hand

REGISTERED AGENT MUST SIGN

Date

3/19/04

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:

Raymond C. Walker

Raymond C. Walker 2/18/04

404-921-0108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)