

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 OCT 20 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

124829

1. Corporation Name

Walter E Foster III PA

2. Principal Office Address

315 S. Palmetto Ave

Suite, Apt. #, etc.

3. Mailing Office Address

315 S. Palmetto Ave

Suite, Apt. #, etc.

City & State

Daytona Beach FL

City & State

Daytona Beach, FL

Zip

32114

Country

USA

Zip

32114

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/2/86

5. FEI Number

59-2750478

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

Walter E Foster III

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

315 S. Palmetto Ave

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

32114

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

[Signature]

Date 10/17/06

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
Pres/	Walter E. Foster III	315 S. Palmetto Ave	Daytona Beach FL 32114
Dir			900081399259 10/31/06--01079--003 **2550.00

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:

[Signature]

WALTER E FOSTER III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/06

Daytime Phone #

(384)2527654