

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J43054

1. Corporation Name

DICK WALKER ALUMINUM PRODUCTS, INC.

Principal Place of Business

Mailing Address

~~W~~ RICHARD G. WALKER  
6979 MEDITERRANEAN ROAD  
ORLANDO FL 32822

~~W~~ RICHARD G. WALKER  
6979 MEDITERRANEAN ROAD  
ORLANDO FL 32822

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

14208 EL PICO ST

P.O. Box 620515

Suite, Apt. #, etc.

Suite, Apt. #, etc.

WINTER GARDEN FL

City & State

ORLANDO FL

City & State

Zip

34787

Country

US

Zip

32862

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

11/19/1986

5. FEI Number

59-2738909

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	WALKER, RICHARD G.	11461 S ORANGE BLOSSOM	ORLANDO FL
PD	MICHAEL COX	14208 EL PICO ST	WINTER GARDEN FL 34787
			LS

8. Name and Address of Current Registered Agent

WALKER, RICHARD G.  
11461 SOUTH ORANGE BLOSSOM TRAIL  
SUITE 9  
ORLANDO FL 32821

9. Name and Address of New Registered Agent

Name  
MICHAEL COX PD  
Street Address (P.O. Box Number is Not Acceptable)  
14208 EL PICO ST  
Suite, Apt. #, Etc.  
City  
WINTER GARDEN FL  
State  
FL  
Zip Code  
34787

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11/1/00

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/00

Date

4072398445  
Daytime Phone #

FILED

00 NOV -3 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E040 (8/00)

2082

Dick Walker Aluminum Products, Inc.  
14208 El Pico St.  
Winter Garden, FL 34787

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Gentlemen:

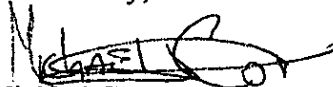
We are enclosing document J43054, Application for Reinstatement.

We filed original document J43054 March 16, 2000 (see attached correspondence, forms, and copy of cancelled check).

We were not aware of this problem, since correspondence with your office to this corporation was sent to previous registered agent (see attached).

We respectfully request reinstatement and waiver of penalties involved.

Yours Truly,

  
Michael Cox, President