

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K43115

1. Corporation Name

WALKER MANUFACTURING, INC.

FILED  
97 MAR 21 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O DENNIS M. FLATH  
6545 44 ST N. #4005  
PINELLAS PARK FL 34665

Mailing Address

C/O DENNIS M. FLATH  
6545 44TH ST SUITE 4004  
PINELLAS PARK FL 34665  
US

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



REINSTATEMENT 11-97

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

4. Date Incorporated or Qualified To Do Business in Florida

11/03/1988

5. FEI Number

59-2916004

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	WALKER, STEVEN M.	6545 44TH ST. N., #4005	PINELLAS PARK FL
D	WALKER, STEVEN M.	6360 39TH ST. NO.	PINELLAS PARK FL

800002122458--1  
-03/24/97--01189--004  
\*\*\*915.00 \*\*\*915.00

3/21/97

8. Name and Address of Current Registered Agent

MCEWEN, DAVID B., ESQUIRE  
111 SECOND AVENUE N.E.  
PLAZA BUILDING, SUITE 600  
ST. PETERSBURG FL 33701

9. Name and Address of New Registered Agent

Name

James C. Rowe, Esquire

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

Riden, Earle, & Kistner, P.A.  
100-2nd Ave. So.

Suite, Apt. #, Etc.

Suite 400 North

City

St. Petersburg

State

FL

Zip Code

33701

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]*

REGISTERED AGENT MUST SIGN

Date 1/29/97

Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97  
Date

Daytime Phone #

CR2040 (7/96)