


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

2003 NOV 20 AM 9:23

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000032561

Name and Mailing Address

0002498 01 AT 0.292 **AUTO T1 0 0615 32547-673313



WALTON-GRAY, L.L.C.
913 HOLBROOK CIRCLE
FORT WALTON BEACH FL 32547-6733



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/05/2002	
Principal Place of Business 913 HOLBROOK CIRCLE FORT WALTON BEACH FL 32547	3. New Principal Place of Business Address	6. FEI Number EIN 04-3729896	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent FOSTER, WILLIAM SCOTT 909 MAR WALT DRIVE, STE. 1014 FORT WALTON BEACH FL 32547	9. Name and Address of New Registered Agent Name GRAY, JEAN WALTON Street Address (P.O. Box Number is Not Acceptable) 913 HOLBROOK CIRCLE City FT. WALTON BEACH FL Zip Code 32547
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Jean Walton **SIGNATURE REQUIRED** Date 11/13/03
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	GRAY, JEAN WALTON	913 HOLBROOK CIRCLE	FORT WALTON BEACH FL 32547
MGRM	WALTON, ROBERT L	30 BLENHEIM ROAD	SHALIMAR FL 32578
MGRM	WALTON, JIMMY F	501 RED OAK LANE	DEFUNIAK SPRINGS FL 32433
			900024865709 11/20/03--01004--003 **150.00
REINSTATEMENT 2003			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Jean Walton **SIGNATURE REQUIRED** Date 11/13/03 Daytime Phone # 850/884-1587 or 862-7260
Typed or printed name of signing Managing Member/Manager JEAN WALTON GRAY

CR2E084 (7/03)