

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 NOV 14 PM 1:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11/14/07--01022--018 \*\*200.00

CR2E081 (1/07)

DOCUMENT # L04000066912

1. Corporation Name

WALKES MAINTENANCE LLC

2. Principal Office Address - No P.O. Box #

18500 NE 1<sup>ST</sup> COURT

Suite, Apt. #, etc.

3. Mailing Office Address

18500 NE 1<sup>ST</sup> COURT

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

Country

33179

UNITED STATES

City & State

FLORIDA

Zip

Country

33179

UNITED STATES

4. Date Incorporated or Qualified  
To Do Business in Florida

9-13-2004

5. FEI Number

73-1718601

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

Richard Walkes

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

18500 NE 1<sup>ST</sup> COURT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33179

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Richard Walkes

REGISTERED AGENT MUST SIGN

Date 11-6-07

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
T	MARY WALKES	18500 NE 1 <sup>ST</sup> COURT	
P	Richard Walkes	18500 NE 1 <sup>ST</sup> COURT	
S	MARCIA WALKES	18500 NE 1 <sup>ST</sup> COURT	

REINSTATEMENT 06-07

OK

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:

Richard Walkes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-6-07

Date

9542748894

Daytime Phone #