

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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11/14/07--01022--014 **155.00

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000032445

1. Limited Liability Company's Name

WALKER HEIRS, LLC

2. Principal Office Address - No P.O. Box #
83 NW 48 BLVD

3. Mailing Office Address
83 NW 48 BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
GAINESVILLE, FL

City & State
GAINESVILLE, FL

Zip Country
32607 USA

Zip Country
32607 USA

4. State/Country of Formation
FL USA

5. Date Organized or Qualified To Do Business in Florida
04/01/2005

6. FFL Number
APPLIED FOR Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
STEVEN M. CHAMBERLAIN

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

Suite, Apt. #, Etc.
STE 204

City State Zip Code
COCOA FL 32922

A \$100 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 \$100 reinstatement be waived.

9. 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 *Steven M. Chamberlain*
REGISTERED AGENT MUST SIGN

Date 10-29-07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	KAY FRANCES WALKER	83 NW 48 BLVD	GAINESVILLE, FL 32507

LS
REINSTATEMENT 07

11. 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 *Kay F. Walker* Date 10/29/07 Daytime Phone # 352-336-2006

Typed or printed name of signing Managing Member/Manager KAY F. WALKER