

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 DEC -2 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (11/09)

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000091305

1. Limited Liability Company's Name

Walker Masonry Service LLC

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

2034 yulee st #2

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32209

Country

USA

Zip

32209

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

09-15-05

6. FEI Number

11-3729144

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

Arthur L. Walker

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

2034 yulee st #2

Suite, Apt. #, Etc.

#2

City

Jacksonville

State

FL

Zip Code

32209

☐ 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

Arthur L. Walker

Date 11-24-09

REGISTERED AGENT MUST SIGN

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
<u>MGRM</u>	<u>Arthur L. Walker</u>	<u>2034 yulee st #2</u>	<u>Jacksonville FL 32209</u>

100163195341  
11/30/09-01073-023 \*\*377.50

REINSTATEMENT

11. E-mail Address: WMS 8X10 @ AOL .COM

(To be used for future annual report notifications)

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

Arthur L. Walker

Date 11-24-09

Daytime Phone # 904-343-2612

Typed or printed name of signing Managing Member/Manager

ARTHUR L. WALKER