

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -6 AM 8:36

DOCUMENT # **M84127**

1. Corporation Name

WALTERS PROPERTIES, INC.

2. Principal Office Address

11588 N CARIBEE POINT

Suite, Apt. #, etc.

City & State

INGLIS FL

Zip

34449

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

City & State

REINSTATEMENT 97-00

4. Date Incorporated or Qualified
To Do Business in Florida

6/06/88

5. FEI Number

59-2892090

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

J HUXLEY WALTERS

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

11588 N CARIBEE POINT

500003342605-2

Suite, Apt. #, Etc.

08/01/00-01048-025

*****1208.75 ***1208.75**

City

INGLIS

State

FL

Zip Code

34449

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **5/30/00**

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
DP	WALTERS, J. H.	11588 N CARIBEE POINT	INGLIS FL 34449
DVS	WALTERS, BETTY S.	11588 N CARIBEE POINT	INGLIS FL 34449

5/30/00

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/00 352 447-0885

Date

Daytime Phone #

CR2081 (9/99)