PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

(((H03000302812 3)))
FILED
03 OCT 23 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000003244

1. Corporation Name

WALKER MEMORIAL ACADEMY FOUNDATION, INC.

Principal Place of Business	Mailing Address
1525 WEST AVON BLVD. AVON PARK FL 33825	1525 WEST AVON BLVD. AVON PARK FL 33825

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/17/2000 MCS

5. FEI Number: 59-3646114 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	FARMER, WILLIAM E	1525 WEST AVON BLVD.	AVON PARK FL 33825
VD	MCNUTT, WAYNE	2170 NORTH WEST SHORE DRIVE	AVON PARK FL
SD	JACOBS, DOUGLAS	1636 WEST ALLAMANDA DRIVE	AVON PARK FL
TD	SAGER, WILLIAM C	1545 WEST POINSETTIA ROAD	AVON PARK FL
D	ASHCRAFT, ALAN	246 WEST LAKE DAMON DRIVE	AVON PARK FL
D	CHEN, TONY Y.T. MD	1598 US 27 NORTH	AVON PARK FL

8. Name and Address of Current Registered Agent

FARMER, WILLIAM E
1525 WEST AVON BLVD.
AVON PARK FL 33825

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: William E. Farmer Date: 10-23-03
REGISTERED AGENT MUST SIGN

11. 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: William E. Farmer 10-23-03 863 458.313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #