## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT   | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  08 APR 10 PM 2: 50  |
|---|---|--|
| DOCUMENT # NO 100000 03630<br>1. Corporation Name Walton Community Development Corp   |   | 600117725836<br>02/11/0801048009 **297.50  |
| N 01 00000 36 30  | )<br>   |  |
| 2. Principal Office Address - No P.O. Box #  63 South Centre Trail Suite, Apt. #, etc.  | 3. Mailing Office Address  63 South Centre Trail  Suite. Apr. #, etc.   | CR2E081 (12/07)  |
|   |   | 4. Date Incorporated or Qualified To Do Business in Florida 05. >> > > > > 1   |
| City & State Santa Rosa Bch FL  | Santa Rosa Bch FL   | 5. FEI Number Applied For Not Applicable   |
| Zip Country 3>459 LISA  | Zip Country<br>32459 USA  | 6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status   |
| 7. Name and Address of Current Registered Agent   |   |  |
| Street Address (P.O. Box Number is Not Augustian Suite, Apt. #, Etc.) S CAMPbell S  City Santa Rosa Bah   |   | 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 hamed corporation, and familiar with and accept the obligations of section 607.0505, or 617.0503, F.S.  Signature of Registered Agent   |   |  |
| $\int_{-\infty}^{\infty}$   | d/or Director (Florida nonprofit corporations must list at le           |  |
| Titles Officers/and/or Directors  | Street Address of Each<br>Officer and/or Director                       |  |
| See HAtacl  | hod   | 0 10/0X  |
|   | REINSTATEME   | NT 07 - 08   |
|   |   |  |
|   |   |  |
| 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 filling 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 deep 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone # |   |  |

To:

The affairs of the corporation are to be managed by a Board of Directors. Such board shall be elected. There shall be a minimum of eight directors and each shall be elected in accordance with the By-Laws adopted by this corporation at any meeting of the holders of the same class of security of the issuing entity, and generally, in all respects to exercise all the rights of ownership therein. The Board of Directors shall maintain at least one third of its governing board's membership for residents of low-income neighborhoods, other low-income community residents, or elected representatives of low-income neighborhood organizations. The names and addresses of the presently elected directors whose term will expire in accordance with the By-Laws:

| Rick Severance     | 309 Myrtle Trail Destin Florida 32541                     |  |
|--------------------|---|--|
| Name               | Address   |  |
|                    |   |  |
| Pat Blackshear     | PO Box 1355 DeFuniak Springs, Florida 32435               |  |
| Name               | Address   |  |
|                    |   |  |
| Katherine Burstein | PO Box 9000 Santa Rosa Beach, Florida 32459               |  |
| Name               | Address   |  |
| ,                  |   |  |
| Dawn Moliterno     | 63 S. Centre Trail Santa Rosa Beach, FL 32459             |  |
| Name               | Address   |  |
|                    |   |  |
| Latilda Henninger  | PO Box 339 Freeport, Florida 32439                        |  |
| Name               | Address   |  |
|                    |   |  |
| Michael T. Lawson  | 34 E Kathy Lane, Freeport Florida 32439                   |  |
| Name               | Address   |  |
|                    |   |  |
| Bobby Rains        | 4507 Furling Lane, Ste 116 Destin, Florida 32451          |  |
| Name               | Address   |  |
|                    |   |  |
| Lori Kelly         | 36474A Emerald Coast Pkwy, Ste 1201 Destin, Florida 32541 |  |
| Name               | Address   |  |

## Walton Community Development Corporation

## **Board of Directors**

Latilda Henninger – Chair

Lori Kelley - Vice-Chair

Bobby Rains - Treasurer

Dawn Moliterno – Secretary

Pat Blackshear - Officer

Katherine Burstein - Officer

Michael T. Lawson - Officer

Rick Severence - Officer