

AUG. 23. 2004 3:55PM

ROGERS TOWERS

NO. 9194 P. 2
H04000172282

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

04 AUG 23 PM 4:30

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000000110

1. Corporation Name

The Kenyatta Walker Foundation, Inc.

REINSTATEMENT 03-04

2. Principal Office Address

1047 Normandy Trace Road

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33602

Country

US

3. Mailing Office Address

1301 Riverplace Blvd.

Suite, Apt. #, etc.

Suite 1500

City & State

Jacksonville, Florida 32207

Zip

32207

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida 1/8/02

5. FEI Number

Applied For

☒ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Charles R. Curley, Jr.

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

1301 Riverplace Blvd.

Suite, Apt. #, Etc.

Suite 1500

City

Jacksonville

State

FL

Zip Code

32207

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

REGISTERED AGENT MUST SIGN

Date 8/23/03

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
D	Walker, Kenyatta	1047 Normandy Trace Road	Tampa, Florida 33602
D	Brantley, Carolyn	1047 Normandy Trace Road	Tampa, Florida 33602
D	Sims, James M.	1047 Normandy Trace Road	Tampa, Florida 33602
D	Sims, Georgia	1047 Normandy Trace Road	Tampa, Florida 33602
D	Hood, Richard	1047 Normandy Trace Road	Tampa, Florida 33602

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)(f), 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:

Authorized Representative & Asst. Sec.

8/23/04

904-346-5584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2601 (8/1/04)

H04000172282

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000172282 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL
Account Number : 076666002273
Phone : (904)398-3911
Fax Number : (904)396-0663

CORPORATION REINSTATEMENT

THE KENYATTA WALKER FOUNDATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$297.50

Electronic Filing Menu

Corporate Filing

Public Access Help