

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 NOV 21 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N02000009418

**1. Corporation Name**

WALTON LANDING PROPERTY OWNERS' ASSOCIATION, INC.

**2. Principal Office Address**

1034 SE Riverside Drive

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip

34996

Country

USA

**3. Mailing Office Address**

1034 SE Riverside Drive

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip

34996

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/05/02

**5. FEI Number**

None

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

Betty J. Jordan

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

1034 SE Riverside Drive

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34996

**REINSTATEMENT** 03-05

**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

Betty J. Jordan

REGISTERED AGENT MUST SIGN

Date

11/3/05

**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	Betty J. Jordan	1034 SE Riverside Drive	Stuart, FL 34996
D	Larry M. Stewart	1034 SE Riverside Drive	Stuart, FL 34996
D	Sandra Leland	1034 SE Riverside Drive	Stuart, FL 34996

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12/02/09-01052-011 \*\*358.75

**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

Betty J. Jordan

Date

11/3/05 828-208-1717

Daytime Phone #

W. Williams NOV 21 2005

CRZE001 (01/05)