

**2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Mar 01, 2013  
Secretary of State**

DOCUMENT# N06000006845

Entity Name: WALKERFEST, INC.

**Current Principal Place of Business:**

308 W HIGHLAND BLVD.  
INVERNESS, FL 34452

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2063  
LECANTO, FL 34460

**New Mailing Address:**

FEI Number: 20-5121265

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALKER, DENNIS J M.D.  
308 W HIGHLAND BLVD.  
INVERNESS, FL 34452 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DENNIS J, WALKER, MD

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WALKER, DENNIS J M.D.  
Address: 308 W HIGHLAND BLVD.  
City-St-Zip: INVERNESS, FL 34452

Title: D  
Name: LILLARD, JAMIE  
Address: 1115 W LAKE VALLEY CT  
City-St-Zip: HRENANDO, FL 34442 US

Title: D  
Name: CLARDY, JOHN S III  
Address: 243 NE 7TH ST  
City-St-Zip: CRYSTAL RIVER, FL 34428 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DENNIS J. WALKER, MD

D

03/01/2013

Electronic Signature of Signing Officer or Director

Date