

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JAN 25 PM 2:27

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1V09000000765

1. Corporation Name
Nr Walker Human Resource Center Foundation, Inc.

REINSTATEMENT 12-13

2. Principal Office Address - No P.O. Box #

135 N Rodriguez St

3. Mailing Office Address

P.O. Box 4524

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine, Fla.

City & State

St. Augustine, Fla.

Zip

32085

Country

U.S.

Zip

32085

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

November 30, 1992

5. FEI Number

38-3795217

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

BENJAMIN COMEY

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

303 RIBERIA STREET

Suite, Apt. #, Etc.

ST. AUGUSTINE

City

State

FL

Zip Code

32085

500244030525

01/25/13--01041--005 **297.50

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

Benjamin Comey

REGISTERED AGENT MUST SIGN

Date *1-20-13*

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
<i>D</i>	<i>Jackson, Nathaniel, Rev</i>	<i>582 Willow Walk Pl</i>	<i>St. Augustine, Fla 32086</i>
<i>D</i>	<i>Rogers, Randy</i>	<i>371 Cathedral Place</i>	<i>St. Augustine, Fla 32084</i>
<i>D</i>	<i>Jackson, Nersalus</i>	<i>177 Rollins St.</i>	<i>St. Augustine Fla 32085</i>
<i>D</i>	<i>Carswell, Keith</i>	<i>18 Nesmith St</i>	<i>St. Augustine, Fla 32085</i>
<i>D</i>	<i>Sparrow, Carolyn</i>	<i>570 W 5th St.</i>	<i>St. Augustine, Fl 32085</i>
<i>D</i>	<i>Motley, Gene</i>	<i>185 Whitney St.</i>	<i>St. Augustine Fl. 32085</i>

10. E-mail Address: *New Saint James MAC @ Comcast .NET.*

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Nathaniel Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/13

Date

904-797-5979

Daytime Phone #

JAN 31 2013

T. CAULEY