

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 28 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000158

1. Corporation Name

WALKER ACRES HOMEOWNER'S ASSOCIATION, INC.

2. Principal Office Address

4131 NW 28TH LANE

Suite, Apt. #, etc.

SUITE 1

City & State

GAINESVILLE, FL

Zip

32606

Country

US

3. Mailing Office Address

P.O. BOX 357880

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

Zip

32635

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida 11/06/1992

5. FEI Number

59-3189397

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALAN R. JEAN

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

4131 NW 28TH LANE

Suite, Apt. #, Etc.

SUITE 1

City

GAINESVILLE

State
FL

Zip Code
32606

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 4/23/04

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	Jim Jean	4131 NW 28th Lane Suite 1	GAINESVILLE, FL 32606
D	Alan R. Jean	4131 NW 28th Lane Suite 1	GAINESVILLE, FL 32606
D	RANDALL D. MONK	4131 NW 28TH Lane Suite 1	GAINESVILLE, FL 32606

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

4/23/04

Date

352.372.5326

Daytime Phone #

CR2E061 (01/04)