

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 26 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000505

1. Corporation Name

N.T. WALKER HUMAN RESOURCE CENTER, INC.

Principal Place of Business

Mailing Address

143 N RODRIAMEZ ST
ST AUGUSTINE FL 32095
US

P. O. BOX 4524
ST. AUGUSTINE FL 32085

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/1992

5. FEI Number

59-2849192

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	JACKSON, NATHANIEL	208 ARGONAUT RD	ST AUGUSTINE FL 32085
VD	TATUM, SANDRA C	6912 CAVALIER RD	JACKSONVILLE FL 32208
T	SPORROW, CAROLYN	570 W 5TH STREET	SAINT AUGUSTINE FL 32095
T	JACKSON, NORSALUS	582 WILLOW WALK PL	ST. AUGISTINE FL 32085
T	MOTLEY, GENE	18 S. WHITNEY STREET	SAINT AUGUSTINE FL 32095
D	ROBERSON, PATRICIA	17 ROLLINS AVE	ST AUGUSTINE FL 32095

8. Name and Address of Current Registered Agent

TATUM, SANDRA C
6912 CAVALIER RD
JACKSONVILLE FL 32208

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

700025045987

11/25/03--01007--023 **236.25

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-23-03

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., 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

Date

Daytime Phone #

11-23-03 824-6500

CR2E040 (7/03)