	PLE/	ASE READ	ALL INST	RUCTIONS	BEFORE C	COMPLET	ING THIS F	ORM.	•	
	PORATION STATEMENT		S	DEPARTMEN Secretary of Si	tate		03 NOV 26	AH 8: 29 OF STATE EE. FLORIDA		
DOCL 1. Corpora	JMENT # F	30000000	3597				IALLALAGO	ric. Flohida	1	
STAN WALKER CONSTRUCTION, INC.										
2. Principal Office Address 5814 Wood have Dr. 5814 Woodhave Dr.							REINSTATIMENT 07			
Suite, Apt. #			Suite, Apt. #,	etC.		4. Date incorp	porated or Qualified ness in Florida	01/19/200	10	
7 TO - 1 F	ElAND, F		City & State -	Count	-2	5. FEI Number 59-36	25038		Applied For Not Applicable	
333 339	S 11 Countr	у	² 338		ıry	G. CERTIFICATE	E OF STATUS DESIRE		ional Fee required ificate of Status	
7. Name and Address of Current Registered Agent Name										
	Street Address (P.O. Box Number is Not Acceptable)						800025047618 11/26/0301009007 **750 00			
	Suite, Apt. #, Etc.								- .	
	City LAKELAND, FL					State Zip Code FL 3381\				
8. I, being	appointed the register				vith and accept the ot	oligations of section				
Signature of Registered Agent REGISTERED AGENT MUST SIGN							Date	11/10/0	>3	
9. Names	and Street Addresses	of Each Officer and	or Director (Flo	rida nonprofit corpo	rations must list at le	ast 3 directors)				
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
P	STAN	ley Ju)Alker	5814	Woodha	vas De	LAKELA	wd FL 3	3381L	
VP	STANEY J WAlker Robert Leavens			6627 Angus Dr.			Lakeland, Fl 33810			
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	_									
this rein	that I am an officer or statement application y the corporation have	, the reason for disso been paid and the n	lution has been ames of indivi a l	eliminated, the corp ials listed on this for	oorate name satisfies rm do not qualify for a	the requirements an exemption und	of section 607.0401	or 617.0401, F.S.,	, that all fees	
on this a	application is true and	accurate, and my sig	nature shali lia	e the same legal et	ffect as if made under	r oath.				

SIGNAFORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daysime Phone #

SIGNATURE: