

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB 25 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000033513

1. Corporation Name

WALCON, INC.

2. Principal Office Address

8920 SW 52nd Avenue

Suite, Apt. #, etc.

City & State

Portland OREGON

Zip

97219-3323

Country

USA

3. Mailing Office Address

8920 SW 52nd Avenue

Suite, Apt. #, etc.

City & State

Portland OREGON

Zip

97219-3323

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

4-3-2000

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Connie B Pierce c/o Jackson

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

4701 Stone Ridge Trail

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34232

800005110908-2

-03/15/02--01049--03

****150.00 ****150.00

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

Connie B Pierce

REGISTERED AGENT MUST SIGN

Date 18/02/02 Feb 18, 02

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
Pres	Connie B Pierce	479 Longview Street	Balmain NSW 2041 Austr.

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

Connie B Pierce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 18, 2002

Date

612-98106490

Daytime Phone #

CR2E081 (9/00)

Florida Dept of State
Div of Corps
PO Box 6327
Tallahassee, FL 32314

- 2 of 2 -

Re: Walton Inc
Your letter # 501A00066085

Hi Michelle,

Attached you, form for reinstatement
with check # 1246 in the amount of
\$150⁰⁰ for 2002 as you requested.

I do not have the date of incorporation
(Block 4) with me here in Australia. I hope
you have that in your records.

You can use the Portland Oregon
address for any correspondence if you
cannot mail it to me here.

Thx for all your help. My email
address is connie@myaccess.com.au if
we need to communicate immediately.

Regards,

Connie Pierce