

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*page 1 of 2*

APPLICATION  
REINSTATEMENT

**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
02 FEB 18 PM 4:12

DOCUMENT # **P00000054811**

1. Corporation Name

**WALKER'S ISLAND SERVICES, INC.**

Principal Place of Business

700 SW 34TH ST  
FT LAUDERDALE FL 33315

Mailing Address

700 SW 34TH ST  
FT LAUDERDALE FL 33315



900004981959--3

-02/21/02--01063--021

\*\*\*\*300.00 \*\*\*\*300.00

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

4. Date Incorporated or Qualified To Do Business in Florida

06/07/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-1014164

Not Applicable

Zip

Country

Zip

Country

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	Robert H. Abplanalp	700 NEpparhaw Ave	Yonkers, N.Y. 10703
VD	John D. Abplanalp	700 NEpparhaw Ave	Yonkers N.Y. 10703
VD	David Boddy	700 NEpparhaw Ave.	Yonkers, N.Y. 10703
V	Andrew Welch	700 S.W. 34th St.	Ft. Lauderdale, FL 33315
S	Daniel J. Griffin	51 Pondview Rd.	Bronxville, N.Y. 10708

8. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.**  
526 E PARK AVE  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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.

Signature of Registered Agent

*NRAI* *[Signature]*  
REGISTERED AGENT MUST SIGN

Date

12/2/01

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.

ANDREW WELCH

SIGNATURE:

*[Signature]*

VP

Oct 22, 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/01)

**Walkers Island Services, Inc.**  
**700 SW 34<sup>th</sup> Street**  
**Fort Lauderdale, FL 33315**  
**Tel: 954-359-1427**  
**Fax: 954-359-1414**

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Re: Walkers Island Services, Inc.

Dear Sirs

I am the Vice President of Walkers island Services, Inc. who's mailing address is 700 SW 34<sup>th</sup> Street, Fort Lauderdale, FL 33315. We were informed that this Corporation has been administratively dissolved for failure to file its 2001 Corporation Annual Report/Uniform Business Report . Our records indicate that we never received the Corporation Annual Report/Uniform Business Report at this address. Enclosed please find a check for \$300 to cover our annual report fees for 2001 and 2002. Kindly check your records to ensure that our proper address of 700 SW 34<sup>th</sup> Street, Fort Lauderdale, FL 33315 is reflected therein. Should you have any questions please give me a call at 954-359-1427.

Sincerely



Andrew Welch  
Vice President