

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

02 OCT 16 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA300008396719--1
-10/16/02--01022--001
***150.00 ***150.00

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Jim Smith Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P00000070362

1. Corporation Name

Walker Development Group, Inc.

2. Principal Office Address

1858 Bridgewater Dr

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Lake Mary, FL

City & State

Lake Mary, FL

Zip

32746

Country

Seminole

Zip

32746

Country

Seminole

4. Date Incorporated or Qualified
To Do Business in Florida

7/24/2000

5. FEI Number

59-3660195

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

James Skalko

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

1858 Bridgewater Drive

Suite, Apt. #, Etc.

City

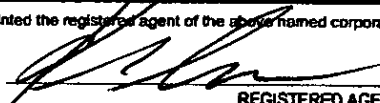
Lake Mary

State
FL

Zip Code

32746

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

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	James Skalko	1858 Bridgewater Dr	Lake Mary FL 32746

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

Date

Daytime Phone #

CR2E031 (9/01)

WALKER DEVELOPMENT GROUP, INC.

October 10, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Attached please find a reinstatement application for Walker Development Group, Inc. UBR form. The year UBR form for 2002 was not received by Walker Development Group, Inc. and therefore not filed timely. Please note that our address has changed for last year but we are unsure as to why we did not receive this form since we had all other correspondence sent to our new location.

Due to non-receipt of application we are requesting that reinstatement fee be waived and have enclosed initial application fee of \$150.00. If you have any questions please feel free to contact the undersigned at (407) 829-8989.

Thank you for your assistance in this matter!

Sincerely,



James Skalko

Walker Development Group, Inc.