

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katharine Hall
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 17 PM 5: 59

DOCUMENT # P00000113786

1. Corporation Name

R. WALKER, INCORPORATED

Principal Place of Business

1760 SPLITFORK DRIVE
OLDSMAR FL 34677

Mailing Address

1760 SPLITFORK DRIVE
OLDSMAR FL 34677



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

2. New Principal Office Address, If Applicable

24701 U.S. 19N

Suite, Apt. #, etc.

Suite III

City & State
Clearwater FL

Zip
33763

Country
Pinellas

3. New Mailing Office Address, If Applicable

24701 U.S. 19N

Suite, Apt. #, etc.

Suite III

City & State
Clearwater FL

Zip
33763

Country
Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/2000

5. FEI Number

65-1061308

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	WALKER, RONDA	1760 SPLITFORK DRIVE	OLDSMAR FL 34677

8. Name and Address of Current Registered Agent

WALKER, RONDA
1760 SPLITFORK DRIVE
OLDSMAR FL 34677

9. Name and Address of New Registered Agent

Name
Ronda Walker
Street Address (P.O. Box Number is Not Acceptable)
24701 U.S. 19N
Suite, Apt. #, Etc.
Suite III
City
Clearwater
State
FL
Zip Code
33763

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

Ronda Walker
REGISTERED AGENT MUST SIGN

Date

10.15.01

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.

SIGNATURE

Ronda Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10.15.01 727-726-0911

CR2E040 (8/01)

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R. WALKER INC.

24701 US 19 N.#111
Clearwater, FL 33763
727-726-0911
727-726-1772

October 15, 2001

To Whom It May Concern

I am writing this letter to explain why R. Walker inc. did not file the reports/uniform business reports. To my knowledge R. Walker Inc. did not receive this paper work before 10/13/01. I have made the address changes necessary for my company and have enclosed a check for \$150.00. I at this time would like to be reinstated for this incorporation.

If you have any questions or I need to give you any further information please feel free to contact me at (727) 726-0911 Thank you for you time.

Sincerely


Ronda Walker