

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 17 PM 12:17

DOCUMENT # P01000011047

1. Corporation Name

WALSH MANAGEMENT, INC.

700073522257
05/01/06--01059--017 **450.00

CR2E081 (12/05)

2. Principal Office Address

3107 STIRLING ROAD

Suite, Apt. #, etc.

SUITE 105

City & State

FT. LAUDERDALE, FL

Zip

33312

Country

USA

3. Mailing Office Address

25 PENNSTOCK LANE

Suite, Apt. #, etc.

City & State

MARSHFIELD, MA

Zip

02050

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/30/2001

5. FEI Number

65-1077797

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BERNARD A. SINGER, ESQ.

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

3107 STIRLING ROAD

Suite, Apt. #, Etc.

SUITE 105

City

FT. LAUDERDALE

State

FL

Zip Code

33312

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

Date

REGISTERED AGENT MUST SIGN

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
P	Deborah E. Sloan	25 Pennstock Lane	Marshfield, MA 02050
VP,T	Maureen T. Sniff	2924 W. Joslyn	Mesa, AZ 85212
VP,S	Karen M. Vaughan	P.O. Box 715	Green Harbor, MA 02041

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 contained in Chapter 119, 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:

Deborah E. Sloan

Deborah E. Sloan, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

781-834-0830

3-8-06

REINSTATEMENT 04-06 4/18/06

LAW OFFICES
Singer & Associates

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Bernard A. Singer, Esq.
Board Certified Tax Lawyer

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April 12, 2006

Division of Corporations
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Walsh Management, Inc.
Document # P01000011047

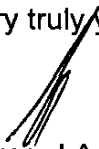
Dear Sir/Madam:

Per your correspondence, copy enclosed, please reinstate the above referenced entity. Enclosed is the Application for Reinstatement for Walsh Management, Inc. along with a check in the amount of \$450 in payment of the Annual Report Fee for 2004, 2005 and 2006.

Due to a long illness resulting in death on November 15, 2005, my client was not aware of this late filing. **My client did not receive any mailings in regards to the Annual Report renewals and this non-receipt of the Annual Report Notices is the reason for the lateness.** Accordingly, it would be greatly appreciated if you would waive any penalties with this filing.

Thank you in advance for your courtesies in this matter.

Very truly yours,


Bernard A. Singer, Esq.
BAS/ks
Enclosures