

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD1000021971

1. Corporation Name

Atwell Walker Enterprises, Inc

REINSTATEMENT 02-03

2. Principal Office Address

2269 Heathwood Circle

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32825

Country

USA

3. Mailing Office Address

1969 S. Alafaya Trail

Suite, Apt. #, etc.

#330

City & State

Orlando, FL

Zip

32828

Country

USA

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

03/02/2001

5. FEI Number

59-3701867

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joan M. Atwell

000023866470

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

2269 Heathwood Circle

10/17/03-01002-022 **\$00.00

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32825

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

Joan M. Atwell

Date 407 282-4026

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
<u>P</u>	<u>Joan M. Atwell</u>	<u>2269 Heathwood Circle</u>	<u>Orlando, FL 32825</u>
<u>V/T</u>	<u>Clyde W. Walker</u>	<u>2269 Heathwood Circle</u>	<u>Orlando, FL 32825</u>
<u>S</u>	<u>Nicole Braxton</u>	<u>226 Wychwood Rd</u>	<u>Westfield, N.J. 07080</u>

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:

Joan M. Atwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03

Date

407 282-4026

Daytime Phone #

CR2E081 (10/02)