

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 14 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000066689

1. Corporation Name

The Walton Law Firm, P.A.

REINSTATEMENT 03

100023796741
10/14/03--01063--015 **150.00

2. Principal Office Address

1999 S.W. 27th Ave.

Suite, Apt. #, etc.

First Floor

City & State

Miami, FL

Zip

33145

Country

U.S.

3. Mailing Office Address

1999 S.W. 27th Ave.

Suite, Apt. #, etc.

First Floor

City & State

Miami, FL

Zip

33145

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

6/17/2002

5. FEI Number

030460474

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

Kenneth E. Walton, II

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

1999 S.W. 27th Avenue

Suite, Apt. #, Etc.

First Floor

City

Miami

State

FL

Zip Code

33145

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 10/13/03

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
D	Kenneth E. Walton, II	1999 S.W. 27 th Ave, First FL	Miami, FL 33145

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

Kenneth E. Walton, II

10/13/03

Date

305-854-2233

Daytime Phone #

21 10/15

The
WALTON LAW FIRM

Attorneys

KENNETH E. WALTON, II
DR. ROBELTO A. OSBORNE, MD

Staff

CHRISTOPHER BRAO
VLADIMIR MURAD, JD, CPA
JULIO W. VALDIVIESO, JD

October 13, 2003

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporation
409 East Gaines Street
Tallahassee, Florida 32399

Re: Reinstatement of The Walton Law Firm, P.A.
Document Number: P02000066689

Dear Sir/Madame:

Enclosed please find the Reinstatement Application for the above captioned corporation along with a check in the amount of \$150.00 made payable to the Florida Department of State. The corporation did not receive its annual report form for this year, 2003. Therefore, the corporation requests that the reinstatement fee be waived.

Please feel free to contact the undersigned at 305-854-2233 if you have any questions.

Very truly yours,



Kenneth E. Walton, II
Attorney & Counselor at Law

Enclosures