


RECEIVED JUL 21 2005

P3 1 JV

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUL 18 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000094497

1. Corporation Name
JAMES D. WALSH CONTRACTOR, INC.

2. Principal Office Address <u>3881 N. HIGHWAY U.S. 1</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>3881 N. HIGHWAY U.S. 1</u> Suite, Apt. #, etc.	
City & State <u>COCOA FL</u>		City & State <u>COCOA FL</u>	
Zip <u>32926</u>	Country <u>U.S.A.</u>	Zip <u>32926</u>	Country <u>U.S.A.</u>

4. Date Incorporated or Qualified To Do Business in Florida 8/30/02

5. FEI Number 81-0572683

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

Applied For
☐ **Not Applicable**

7. Name and Address of Current Registered Agent

Name JAMES D WALSH

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

Suite, Apt. #, Etc.

City COCOA State FL Zip Code 32926

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 [Signature] Date 7-13-05

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>D</u>	<u>JAMES D. WALSH</u>	<u>311 SUNDIAL CT</u>	<u>COCOA, FL 32926</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: [Signature] 7-13-05 (321) 636-6638

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (07/05)

B 272

**James D. Walsh Contractor, Inc.
3881 N. Highway U.S. 1
Cocoa, FL 32926
321-636-6638**

July 11, 2005

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

Re: James D. Walsh Contractor, Inc.
Document # - P02000094497

To Whom It May Concern:

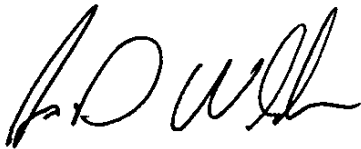
I am writing to reinstate my corporation. The office moved and I did not receive my annual notice of renewal. Per the phone conversation with your department, I have enclosed a check for \$450.00 for the reinstatement fee. (2003-2005)

Please change my address to the following:

James D. Walsh Contractor, Inc.
3881 N. Highway U.S. 1
Cocoa, FL 32926

If you have any questions or if I can be of any further assistance, please feel free to contact me.

Sincerely,



James D. Walsh