

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000094497

1. Corporation Name

JAMES D WALSH CONTRACTOR
INC.

2. Principal Office Address - No P.O. Box #

6393 Depot RD.

3. Mailing Office Address

6393 Depot RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cocoa, Florida

City & State

Florida Cocoa

Zip

32927

Country

USA.

Zip

32927

Country

USA.

7. Name and Address of Current Registered Agent

Name

JAMES D WALSH

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

6393 Depot RD.

Suite, Apt. #, Etc.

City

Cocoa

State

FL

Zip Code

32927

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]

REGISTERED AGENT MUST SIGN

Date

06/12/09

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
Pres.	JAMES D WALSH	6393 Depot	Cocoa Fl. 32927
V. Pres.	PAULO DeOliveira	4045 Heller RD.	Titusville Fla. 32796

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:

[Signature] JAMES D. WALSH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT

Date

06/12/09

Daytime Phone #

321-458-3380

FILED

09 JUN 17 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

100157434521
06/19/09--01005--011 **450.00

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

2001

5. FEI Number

593391522

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.