## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P02000098881

FILED Jul 23, 2009 Secretary of State

Entity Name: WALTONBAY PROPERTIES INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
113 N MAD QUINCY, F	ISON ST L 323531587				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX 1 QUINCY, F	587 L 323531587				
FEI Number:	51-0425324	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
EDWARDS 113 N MAD QUINCY, F	ÍSON ST	S	EDWARDS, O.W. III 838 SOLOMON DAIR QUINCY, FL 32352	Y ROAD US	
The above in the State		submits this statement for the po	urpose of changing its registere	ed office or registered agent, or both,	
OLONIATUE					
SIGNATUR	RE: OW EDW	ARDS, III		07/23/2009	
SIGNATUR		ARDS, III ic Signature of Registered Age	nt	07/23/2009 Date	
In accordance	Electron	· · · · · · · · · · · · · · · · · · ·			
In accordance	Electron	ic Signature of Registered Age 3(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notice.		
In accordance Election Carr OFFICERS Title: Name: Address: City-St-Zip: Title:	Electron Ele with s. 607.193 Electron E	ic Signature of Registered Age 3(2)(b), F.S., the corporation did not 1 Trust Fund Contribution ( ). FORS: Delete / III DR FL 32408	Title: P Name: EDWARDS Address: PO BOX15 City-St-Zip: QUINCY, F	Date  ES TO OFFICERS AND DIRECTORS:  (X) Change ( ) Addition  G, OW III  87	
In accordance Election Carro OFFICERS Title: Name: Address: City-St-Zip:	Electron Ele	ic Signature of Registered Age 8(2)(b), F.S., the corporation did not 1 Trust Fund Contribution ( ). FORS: Delete / III DR FL 32408 Delete / JR	Title: P Name: EDWARDS Address: PO BOX15. City-St-Zip: QUINCY, F	Date  ES TO OFFICERS AND DIRECTORS:  (X) Change ( ) Addition  5, OW III  87 L 32352	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OW EDWARDS, III **PRES** 07/23/2009