

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000116572

1. Corporation Name

WALL TECH INCORPORATED

Principal Place of Business

Mailing Address

4911 BAYCREST DRIVE  
TAMPA FL 33615

4911 BAYCREST DRIVE  
TAMPA FL 33615

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT



800023743718  
10/13/03--01020--010 \*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

10/30/2002

5. FEI Number

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BRYANT, CONNIE	4911 BAYCREST DRIVE	TAMPA FL 33615
VD	BRYANT, JAMES	4911 BAYCREST DRIVE	TAMPA FL 33615
SD	ROGERS, JOHN	4911 BAYCREST DRIVE	TAMPA FL 33615
T	ROGERS, KATHY	4911 BAYCREST DRIVE	TAMPA FL 33615

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

Connie Bryant  
REGISTERED AGENT MUST SIGN

Date 10-8-03

11. 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:

Connie Bryant  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

to whom it may concern

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I spoke to one of your Agent. I explain to him I haven't receive anything about an Application for Reinstatement.

I Didn't know about A Reinstatement or A Fee. I sent the \$ 150.00 with this Application.

When it came back I call immediately and talk to a Mr Andy Dunlap. I explain my situation to him. I was told to send back the Application with a better explanation that this is the only Application That I have receive from your office.

Thank you  
Wall Tech

Canner Bryant