

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 DEC 19 PM 4:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P03000135715**

1. Corporation Name

Walker Brothers Quality Construction Services, Inc.

600082634636  
12/19/06--01020--001 \*\*450.00

2. Principal Office Address

13016 Countryview

Suite, Apt. #, etc.

City & State

Dover, FL

Zip  
33527

Country  
US

3. Mailing Office Address

706 Florida St.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip  
32806

Country  
US

**REINSTATEMENT**  
CR2E081 (12/05)

CR2E081 (12/05)  
VGP

4. Date Incorporated or Qualified  
To Do Business in Florida

11/12/03

5. FEI Number

20-0725388

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

Richard B. Walker

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

13016 Countryview

Suite, Apt. #, Etc.

City

Dover

State

FL

Zip Code

33527

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

REGISTERED AGENT MUST SIGN

Date 8/19/06

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
PCD	Richard B. Walker	13016 Countryview	Dover, FL 33527
VSD	Thomas A. Walker	13016 Countryview	Dover, FL 33527
VTD	Christopher M. Walker	13016 Countryview	Dover, FL 33527

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/06  
Date

813-334-7754  
Daytime Phone #

2082

**WALKER BROTHERS QUALITY  
CONSTRUCTION SERVICES, INC.  
706 FLORIDA STREET  
ORLANDO, FL 32806  
(813) 334-7759**

November 28, 2006

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

Re: Reinstatement of Corporation

To Whom It May Concern:

We recently realized that our corporation has been inactive since approximately 2004. It seems that we have not been receiving the annual reinstatement invoice. Our mailing address has changed to the one listed above, please note for your records. Enclosed is our check #1000 in the amount of \$450.00. We would like to correct this situation immediately. We also ask that the penalty be waived.

Thank you for your help in this matter.

Sincerely,



Richard B. Walker, President

RBW/kk

PO3000135715