

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000026826

**Entity Name:** WALKER SOLUTIONS, INC.

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6836 N BISCAYNE DR  
NORTH PORT, FL 36286

**New Principal Place of Business:**

6836 N BISCAYNE DR  
NORTH PORT, FL 34291 US

**Current Mailing Address:**

6836 N BISCAYNE DR  
NORTH PORT, FL 36286

**New Mailing Address:**

6836 N BISCAYNE DR  
NORTH PORT, FL 34291 US

FEI Number: 20-0712503

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

JOE, WALKER  
6836 NORTH BISCAYNE DRIVE  
NORTH PORT, FL 34291 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOE J WALKER

03/20/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: WALKER, JOE J  
Address: 6836 N BISCAYNE DR  
City-St-Zip: NORTH PORT, FL 34291 US

I hereby 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 all other like empowered.

SIGNATURE: JOE J WALKER

PSTD

03/20/2012

Electronic Signature of Signing Officer or Director

Date