

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000043210

1. Corporation Name

Wall-works International, Inc.

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

3695 Kingston Blvd.

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34238

Country

Sarasota

3. Mailing Office Address

3695 Kingston Blvd.

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34238

Country

Sarasota

7. Name and Address of Current Registered Agent

Name

Terrence Wall

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

3695 Kingston Blvd.

Suite, Apt. #, Etc.

City

Sarasota, FL

State

FL

Zip Code

34238

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

Terrence Wall

REGISTERED AGENT MUST SIGN

Date

4/14/10

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.	Terrence Wall	3695 Kingston Blvd.	Sarasota, FL 34238
V.P.	Karen Wall	3695 Kingston Blvd.	Sarasota, FL 34238

10. E-mail Address: *karenwall@michaelsenders.com*

(To be used for future annual report notification)

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. I further certify, 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:

Terrence Wall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 AUG 13 PM 3:55

RECEIVED

500176533415
08/13/10--01044--002 **158.75

500176533415
04/20/10--01016--030 **1050.00

REINSTATEMENT

07-10

4. Date Incorporated or Qualified To Do Business in Florida

S-1-05

5. FEI Number

35-2245387

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.