

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000050152

1. Corporation Name

CHRISTINE M. WALLIS, PA

~~W/0000030537~~

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

3585 NIGHTSCAPE CIRCLE

3. Mailing Office Address

3585 NIGHTSCAPE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE

City & State

JACKSONVILLE

Zip

32225

Country

Zip

32225

Country

7. Name and Address of Current Registered Agent

Name

CHRISTINE M. WALLIS

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

3585 NIGHTSCAPE CIRCLE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32225

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

6/21/10

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
PRESIDENT	CHRISTINE M. WALLIS	3585 NIGHTSCAPE CIRCLE	JACKSONVILLE, FL 32225

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10. E-mail Address:

chris.wallis@watsonrealtyle.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/21/10

Daytime Phone #

FILED
10 JUL -9 AM 10:48
ADP

REINSTATEMENT 08-10
100182577991
06/24/10--01034--006 **450.00

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/2005

5. FEI Number
20-2725305

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

100182577991
07/09/10--01035--007 **600.00