

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name Walden N Walden
PO5000085988

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

1924 Shelton Rd.
Suite, Apt. #, etc.

Jacksonville
City & State

Florida

Zip 32211 Country United States

3. Mailing Office Address

1924 Shelton Rd
Suite, Apt. #, etc.

Jacksonville
City & State

Florida

Zip 32211 Country United States

7. Name and Address of Current Registered Agent

Name Sammy Thomas Walden

Street Address (P.O. Box Number is Not Acceptable)
1924 Shelton Rd.

Suite, Apt. #, Etc.

City Jacksonville

State FL Zip Code 32211

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 Sammy Thomas Walden

Date 10-9-08

REGISTERED AGENT MUST SIGN

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
owner	SAMMY THOMAS WALDEN	1924 Shelton Rd.	Jacksonville FL 32211
co owner	Stieby Walden	1924 Shelton Rd.	Jacksonville FL 32211

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: Sammy Thomas Walden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-09-08 (904) 699-7474
Date Daytime Phone #

2008 OCT 16 AM 10:35

FILED
CLERK OF COURT
JACKSONVILLE, FLORIDA
000136980140
10/16/08--01032--013 **308.75

DM 10-21

REINSTATEMENT

CR2E081 (10/08)

07-08

4. Date Incorporated or Qualified To Do Business in Florida 06-15-05

5. FEI Number 141932045 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.

This is to inform
The Reinstatement
board that I, Sammie
Thomas Walden owner and
OFFICE of Walden N Walden
did not receive an annual
report for year 2006 or
2007 so I am asking
for a waiver of the
\$1000 fee so my business
can be reinstated.

Thanks

Sammie J. Walden
OFFICE OF WALDEN N WALDEN