REINSTATEMENT

2007 FOR PROFIT CORPORATION ~~ANNUAL REPORT~~

09-10-2007 90005 032 ***150.00

FILED

07 OCT 11 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07242007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000075262

1. Entity Name
HELEN WALKER, P.A.

Principal Place of Business	Mailing Address
5169 THYME DRIVE PALM BEACH GARDENS, FL 33418	5169 THYME DRIVE PALM BEACH GARDENS, FL 33418

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3203 Pin Oak CT	3203 Pin Oak CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Beach Gardens, FL	City & State: Palm Beach Gardens, FL
Zip: 33410 Country: Palm Beach	Zip: 33410 Country: Palm Beach

4. FEI Number 20-4975317 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALKER, HELEN 5169 THYME DRIVE PALM BEACH GARDENS, FL 33418	Name: Helen Walker Street Address (P.O. Box Number is Not Acceptable): 3203 Pin Oak CT City: Palm Beach Gardens FL Zip Code: 33410

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] DATE 9/4/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE	-	☑ Change ☐ Addition
NAME	WALKER, HELEN		NAME	-	
STREET ADDRESS	5169 THYME DRIVE		STREET ADDRESS	3203 Pin Oak CT	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

REINSTATEMENT 07 DCS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 9/4/07 561-797-4661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Document corrected per Helen Walker. She stated she mailed corrected document back on 9/17, but it was never rec'd here. DCS