

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000007550

1. Corporation Name

DIANE M. WALKER, PSY. D. P.A.

Principal Place of Business

DIANE WALKER
5332 SW 34TH AVE
FT LAUDERDALE FL 33312
US

Mailing Address

DIANE WALKER
5332 SW 34TH AVE
FT LAUDERDALE FL 33312
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/23/1992

5. FEI Number

65-0382538

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WALKER, DIANE M	5332 SW 34TH AVE	FT LAUDERDALE FL 33312
T	John R Walker	5332 SW 34 Ave	Ft Lauderdale FL
			900003026799--2 -10/27/99--01082--012 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

WALKER, DIANE M
5332 SW 34TH AVE
FT LAUDERDALE FL 33312

9. Name and Address of New Registered Agent

Name

John R Walker

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

5332 SW 34 Ave

Suite, Apt. #, Etc.

City

Ft Lauderdale

State

FL

Zip Code

33312

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

John R Walker
REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-13-99

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-99

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 20 PM 3:28



REINSTATEMENT 99

0925140 (3/99)