

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 SEP 30 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000023917

1. Corporation Name

WALKER PRIVATE COACH, INC.

Principal Place of Business

Mailing Address

211 W. PALMETTO ST
ARCADIA FL 33821
US

211 WEST PALMETTO ST
ARCADIA FL 33821
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0478288

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

34266

34266

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	JAMES SAMUEL WALKER	211 W. PALMETTO ST	ARCADIA FL
VP	ROBERT HULL	2371 HWY 31 SOUTH, LOT #4800	ARCADIA FL
VP	MARK A. KEMENY	211 W. PALMETTO ST	ARCADIA FL
VP	RODNEY E. DANIELS, SA	128 S. SUMTER AVE.	ARCADIA, FL 34266
			300001976483--3 -10/16/96--01036--002 ****225.00 ****225.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALDRON, EUGENE E JR
124 N BAYVIEW AVE
ARCADIA FL 33821

Name PHILIP JONES, Esq
Street Address (P.O. Box Number is Not Acceptable)
18501 MURDOCK CIRCLE
Suite, Apt. #, Etc.
#601

City PORT CHARLOTTE State FL Zip Code 33748

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

Date 9-18-96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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

Date

Daytime Phone #