

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
98 NOV -6 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PC4000076641
1. Corporation Name
WALTER & ASSOCIATES, INC.

Principal Place of Business: 4232 Winderlakes Dr., Orlando, FL 32835
Mailing Address: 4232 Winderlakes Dr., Orlando, FL 32835

REINSTATEMENT 97-98

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/13/94	
City & State		City & State		5. FEI Number	
Zip		Country		59-3276783	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Walter, Mark R.	4232 Winderlakes, Dr.	Orlando, FL 32835
D	Brosnan, Sandie	4232 Winderlakes, Dr.	Orlando, FL 32835

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****900.00 ****900.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Walter, Mark R. 4232 Winderlakes, Dr. Orlando, FL 32835		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		State	Zip Code
		FL	

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: Mark R. Walter REGISTERED AGENT MUST SIGN Date: 11/4/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(f), 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: Mark R. Walter SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Mark R. Walter, Director 11/4/98 (407) 290-5249 Date Daytime Phone #

CR20040 (1/88)