

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 OCT 15 PM 12: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000076641

1. Corporation Name

Walter & Associates, Inc.

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

~~424~~ ⁴¹⁵ Montgomery Rd.

3. Mailing Office Address

~~424~~ ⁴¹⁵ Montgomery Rd.

Suite, Apt. #, etc.

Suite ~~164~~ /01

Suite, Apt. #, etc.

Suite ~~164~~ /01

City & State

Altamonte Springs, Florida

City & State

Altamonte Springs, Florida

Zip

32714

Country

Seminole

Zip

32714

Country

Seminole

4. Date Incorporated or Qualified To Do Business in Florida 10/13/1994

5. FEI Number 593276783

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

900160136009
08/31/09--01063--015 **\$00.00

REINSTATEMENT 04-09

7. Name and Address of Current Registered Agent

Name
Mark R. Walter

Street Address (P.O. Box Number is Not Acceptable)
~~424~~ ⁴¹⁵ Montgomery Rd.

Suite, Apt. #, Etc.
Suite ~~164~~ /01

City
Altamonte Springs

State Zip Code
FL 32714

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.

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

Mark R. Walter

REGISTERED AGENT MUST SIGN

Date 8/25/09

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 |
|--------|-----------------------------------|--|----------------------------------|
| D | Mark R. Walter | 424 ⁴¹⁵ Montgomery Rd., Ste 164 /01 | Altamonte Springs, Florida 32714 |
| D | Jennifer L. Walter | 424 ⁴¹⁵ Montgomery Rd., Ste 164 /01 | Altamonte Springs, Florida 32714 |
| D | Walter Frendy TRUDY | 424 ⁴¹⁵ Montgomery Rd., Ste 164 /01 | Altamonte Springs, Florida 32714 |
| | | | |
| | | | |
| | | | |

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: *Mark R. Walter* MARK R. WALTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/09
Date

703-969-6382
Daytime Phone #