

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 SEP 25 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/26/02--01035--011
***1050.00 ***1050.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

WALTON CONSTRUCTION, INC.

2. Principal Office Address

517 Pennsylvania Avenue

Suite, Apt. #, etc.

City & State

Palm Harbor, Florida

Zip

34683

Country

U.S.A.

3. Mailing Office Address

517 Pennsylvania Avenue

Suite, Apt. #, etc.

City & State

Palm Harbor, Florida

Zip

34683

Country

U.S.A.

REINSTATEMENT 00-02

4. Date Incorporated or Qualified
To Do Business in Florida

December 5, 1994

5. FEI Number

59-3282553

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Judith Walton

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

517 Pennsylvania Avenue

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34683

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

Judith Walton

REGISTERED AGENT MUST SIGN

Date 09-23-02

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
PD	William M. Walton IV	517 Pennsylvania Avenue	Palm Harbor, Florida 34683
STD	Margaret I. Walton	517 Pennsylvania Avenue	Palm Harbor, Florida 34683

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 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:

William M. Walton IV

William M. Walton IV

09-23-02

727-786-6998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)