

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000002296**

1. Corporation Name

MCCOY WALKER, INC.

Principal Place of Business

Mailing Address

**SLIP 76, NAPLES CITY DOCK
NAPLES FL 33940**

**3520 2ND AVE NE
NAPLES FL 34120
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**1125 Calloway Greens DR
FT Myers, FL
33913 USA**

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/1995

5. FEI Number

65-0542354

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DVS	MCCOY, CAROL A	255 LELY BEACH BLVD. #404 1125 Calloway Greens DR FT Myers, FL 33913	BONTA SPRINGS FL 34134
P	WALKER, KENT A	3520 2ND AVE NE 1941 Cascade DR #4 Naples, FL 34112	NAPLES FL 34120

**700024390767
11/03/03--01105--015 **150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**WHITING, DAVID P
350 5TH AVENUE S., 3200
NAPLES FL 33940**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**Kent A. Walker
1941 Cascade DR #4
#4
Naples
FL 34112**

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **10-17-03**

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-17-03 239-455-4635

CR2E040 (7/03)

McCoy Walker Inc.
1941 Cascade Drive #4
Naples, FL 34120

October 17, 2003

Florida Division of Corporation
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

Please waive the reinstatement penalty fee, as I never
received the 2003 annual report for the above-referenced
entity.

Thank you,



Kent A. Walker