

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
W06000052326

FILED

07 JAN 25 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p95000022016

1. Corporation Name

The Walker Law Offices P.A.

000086809770
01/31/07--01031--006 **1208.75

2. Principal Office Address

625 w. union street,

Suite, Apt. #, etc.

3

City & State

jacksonville

Zip

32202

Country

U.S.

3. Mailing Office Address

625 w. union street,

Suite, Apt. #, etc.

3

City & State

jacksonville

Zip

32202

Country

U.S.

CR2E081 (12/05)

03-06

4. Date Incorporated or Qualified
To Do Business in Florida

3/17/95

5. EEL Number

59-3340343

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

willie j. walker

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

625 w. union street,

Suite, Apt. #, Etc.

3

City

jacksonville

State

FL

Zip Code

32202

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

REGISTERED AGENT MUST SIGN

Date

11-29-06

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 |
|-----------|--------------------------------------|---------------------------------------------------|-------------------------|
| president | willie j. walker | 625 w. union street, suite 3 | jacksonville, fl. 32202 |
| | | | |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-29-06 (904)358-9104

201/21