

PLEASE READ ALL INSTRUCTIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JUL 27 AM 10:50

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000047727

1. Corporation Name

T.D.WALSH INVESTMENTS, INC.

300158929193  
07/27/09--01040--019 \*\*750.00

2. Principal Office Address - No P.O. Box #  
4485 ST. ANDREWS DRIVE

Suite, Apt. #, etc.

City & State  
BOYNTON BEACH, FLORIDA

Zip Country  
33436 USA

3. Mailing Office Address  
4485 ST. ANDREWS DRIVE

Suite, Apt. #, etc.

City & State  
BOYNTON BEACH, FLORIDA

Zip Country  
33436 USA

**REINSTATEMENT**

05-09

4. Date Incorporated or Qualified  
To Do Business in Florida JUNE 16, 1995

5. FEI Number  
650595605

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  
THOMAS D. WALSH

Street Address (P.O. Box Number is Not Acceptable)  
4485 ST. ANDREWS DRIVE

Suite, Apt. #, Etc.

City State Zip Code  
BOYNTON BEACH FL 33436

☒ 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

*Thomas D. Walsh*

REGISTERED AGENT MUST SIGN

Date JULY 23, 2009

**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
P/D	THOMAS D. WALSH	4485 ST. ANDREWS DRIVE	BOYNTON BEACH FL 33436
T/D	THOMAS D. WALSH	4485 ST. ANDREWS DRIVE	BOYNTON BEACH FL 33436
S/D	THOMAS D. WALSH	4485 ST. ANDREWS DRIVE	BOYNTON BEACH FL 33436

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:

*Thomas D. Walsh*

THOMAS D. WALSH

JULY 24, 2009 561.573.2226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #