

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

APPLICATION FOR REINSTATEMENT



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

APPROVAL AND FILED

03 OCT 17 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000048213

1. Corporation Name

WALWYDA ASSOCIATES, INC.

Principal Place of Business

Mailing Address

350 GREENFIELD ROAD
WINTER HAVEN FL 33884

350 GREENFIELD ROAD
WINTER HAVEN FL 33884

WA



REINSTATEMENT 2003

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

4. Date Incorporated or Qualified To Do Business in Florida

06/19/1995

WOP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3322535

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	IRWIN, W. WALTON	350 GREENFIELD ROAD	WINTER HAVEN FL 33884

800023911108
10/17/03--01075--014 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

IRWIN, W. WALTON
350 GREENFIELD ROAD
WINTER HAVEN FL 33884

Name _____

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

Suite, Apt. #, Etc. _____

City _____ State **FL** Zip Code _____

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

W. Walton Irwin
REGISTERED AGENT MUST SIGN

Date

Oct 13, 2003

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Walton Irwin
Date *Oct. 13, 2003* (863) 287-8616
Daytime Phone #

CFR2E040 (7/03)

WALWYDA Associates, Inc.

350 Greenfield Road, Winter Haven, Florida 33884

Cell: 863-287-8616 email: walwyda@hotmail.com FAX: 863-318-8124

Florida Department of State
Divisions of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Gentlepersons:

I am enclosing my check for \$150 and would ask your good offices to accept that I did not receive the original Annual Report form. I received the form enclosed with this letter while I was on vacation during the last two weeks.

Please accept this request. My company is an ongoing business and I do my best to keep up to date with compliance matters.

Thank you for your consideration.

Sincerely,



W. Walton Irwin, President