

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR 97-98  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 JAN 27 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000082110**

1. Corporation Name  
**Walter Corporation**

Principal Place of Business  
**2200 N.W. 102nd Avenue  
Building 3  
Miami, FL 33172**

Mailing Address  
**Same**

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

**10/26/95**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number  
**65-0652272**

Applied For  
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	<b>Ramzi Abulhaj</b>	<b>2200 N.W. 102nd Ave., Bldg #3</b>	<b>Miami, FL 33172</b>
VP/S	<b>Rick Admani</b>	<b>2200 N.W. 102nd Ave., Bldg #3</b>	<b>Miami, FL 33172</b>
			<b>500002421765--0</b>
			<b>-02/04/98--01110--002</b>
			<b>*****900.00 *****900.00</b>
			<b>REINSTATEMENT 97-98</b>
			<b>J. Allen</b>
			<b>Jan 27, 1998</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Robert A. Milne**  
**9350-61-Dixie-Highway**  
**Penthouse-Two**  
**Miami, FL--33156**

Name  
**BRCMC, Inc., c/o Michael H. Leeds, Esquire**  
Street Address (P.O. Box Number is Not Acceptable)  
**1200 North Federal Highway**  
Suite, Apt. #, Etc.  
**Suite 309**  
City  
**Boca Raton**  
State  
**FL**  
Zip Code  
**33432**

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.

Signature of  
Registered Agent

**Michael H. Leeds**  
REGISTERED AGENT MUST SIGN

Date **12/29/97**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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: "X"

(See attached)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**RAMZI ABULHAJ**

Date

Daytime Phone #

CR20340 (12/95)