

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

98 APR 10 PM 1:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000028996

1. Corporation Name
WILSON WALKER SALES, INC.

Principal Place of Business 118 S. HOWARD AVENUE TAMPA FL 33606	Mailing Address 118 S. HOWARD AVENUE TAMPA FL 33606
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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 04/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3417895	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	WALKER, HAROLD	118 S. HOWARD AVENUE	TAMPA FL 33606
			400002491524--7 -04/17/98--01006--007 ****900.00 ****900.00
REINSTATEMENT 97-98			
<i>g. alan</i> 4/10/98			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCNAMARA, THOMAS P 2909 BAY TO BAY BLVD., SUITE 309 TAMPA FL 33629	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.

Signature of Registered Agent: *Harold H. Walker, Jr.* Date: *1/30/98*
 REGISTERED AGENT MUST SIGN

11 This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *Harold H. Walker, Jr.* Date: *1/30/98*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2040 (8/97)