

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 22 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-96-000028996
1. Corporation Name
WILSON WALKER SALES INC.

REINSTATEMENT ⁹⁹⁻₀₃

2. Principal Office Address <u>118 S. HOWARD AVE.</u>		3. Mailing Office Address <u>'SAME'</u>	
Suite, Apt. #, etc. <u>N/A</u>		Suite, Apt. #, etc. <u>N/A</u>	
City & State <u>TAMPA, FL.</u>		City & State <u>'SAME'</u>	
Zip <u>33606</u>	Country <u>USA</u>	Zip	Country

4. Date incorporated or Qualified To Do Business in Florida <u>4/1/96</u>	Applied For <input type="checkbox"/>
5. FEI Number <u>593417895</u>	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <u>HAROLD H. WALKER JR.</u>	
Street Address (P.O. Box Number is not acceptable) <u>118 S. HOWARD AVE.</u>	
Suite, Apt. #, Etc. <u></u>	
City <u>TAMPA</u>	State <u>FL</u>
Zip Code <u>33606</u>	

980024024889
10/22/03--01066--019 **138.75

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 [Signature] Date OCT. 20, 2003

REGISTERED AGENT MUST SIGN

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
<u>PRES.</u>	<u>HAROLD H. WALKER JR.</u>	<u>118 S. HOWARD AVE.</u>	<u>TAMPA, FL. 33606</u>
<u>SEC.</u>	<u>JANNA D. WALKER</u>	<u>901 S. DELAWARE</u>	<u>TAMPA, FL. 33606</u>

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 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] HAROLD H. WALKER JR. Date 8/3/05 Daytime Phone # 9977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 10/27

CR22681 (10/02)