

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR 12 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000026560

1. Corporation Name

WAL-COL, INC
706 TURNBULL AVE
SUITE 102
ALTAMONTE SPRINGS, FL 32701

2. Principal Office Address

SAME

3. Mailing Office Address

706 TURNBULL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 102

City & State

City & State

Altamonte Springs FL

Zip

Country

Zip

Country

32701

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/24/1997

5. FEI Number

59-3439966

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

William W. Cole, JR

900004065539

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

706 TURNBULL AVE

Suite, Apt. #, Etc.

102

City

Altamonte Springs

State

FL

Zip Code

32701

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.

LS

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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
D	C. P. WALLIS	300 W. / SHIRE BLVD #205	CASSELBERRY FL 32707
D	William W. Cole JR	706 TURNBULL AVE #102	ALTAMONTE, FL 32701

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAM W COLE JR 4/9/01 834-9543 (407)

April 10, 2001

2012

To Whom It May Concern:

Enclosed please find the form for reinstatement and our check in the amount of \$450.00. After speaking with Ms. Sprather she informed us that the reinstatement fee would be \$450.00 since we had return mail, and to state that when remitting the fee. -

Sincerely,

Wal-Col, Inc.