

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 22 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000035143**

1. Corporation Name

WALKER SPORTS, INC.

Principal Place of Business

1445 W JEFFERSON ST
BROOKSVILLE FL 34601
US

Mailing Address

1445 W JEFFERSON ST
BROOKSVILLE FL 34601
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Walker Sports Inc
Suite, Apt. #, etc.

7 NORTH MAIN ST
City & State
Brooksville FL

Zip
34601

Country
USA

3. New Mailing Office Address, If Applicable

Walker Sports Inc
Suite, Apt. #, etc.

7 North Main St
City & State
Brooksville FL

Zip
34601

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/21/1997

5. FEI Number

59-3441879

Applied For

Not Applicable

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
PD	WALKER, MICHAEL C	23195 TANKERSLEY RD	BROOKSVILLE FL 34601
VPST	WALKER, JUSTINE A	23195 TANKERSLEY RD	BROOKSVILLE FL 34601

6000003546166
10/23/02--01054--007 **150.00

8. Name and Address of Current Registered Agent

MCKINNEY, PAMELA R
309 S MAIN ST
BROOKSVILLE FL 34601

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-21-02 352 796-797