## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Secreta	SPARTMENT OF STATE cretary of State on of corporations		PILLED STATE SIGN OF CORPORATIONS NOV -4 PM 3: 24		
DOCUMENT # P9700  1. Corporation Name  WALT NEELY & SON		OMPANY, IN				
	····	td .	nn	016249 <u>01</u> 9	~	
2. Principal Office Address - No P.O. Box # 1820 OLD POLK CITY ROAD		Mailing Office Address 20 OLD POLK CITY ROAD		000162490130 11/04/09-01024-009 ***308.75		
Suite, Apt. #, etc	Suite, Apt. #, etc.			CR2E081 (12/08)		
				4. Date Incorporated or Qualified To Do Business in Flonda 05/09/1997		
City & State LAKELAND, FL	City & State  LAKELAND, FL			5. FEI Number Applied For Not Applied be		
Zip Country 33809 USA	Zip 33809	Country USA			itional Fee required	
7. Name and Address of Current Registered Agent			1			
Name NEELY, WALTER P. SR.				The reinstatement fee is imposed, except in circumstances which the entity did not receive		
Street Address (P.O. Box Number is Not Acceptable) 1820 OLD POLK CITY ROAD			the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
Suite, Apt. #, Etc						
City LAKELAND		State Zip Code 33809	tee be walved.			
8. I, being appointed the registered agent of Signature of Registered Agent	f the above named cornoration, am	n familiar with and accept the o	_	on 607.0505 or 617.0503, F.S.  Date	9	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
D NEELY, WALTER P SI	R 1820	1820 OLD POLK CITY ROAD		LAKELAND, FL 33809		
D NEELY, WALTER P JF	R 8738	8738 VIKING LANE		LAKELAND, FL 33809		
D NEELY, GREG B	3788	3788 HUNTWICKE BLVD		DAVENPORT, FL 33837		
				, ,		
	KEINS	STATEM	ENT	08-07 17	1/01	
				11/7	7 / 07	
10. I certify that I am an officer or director or this reinstatement application, the reason owed by the corporation have been paid on this application is true and accurate, a	n for dissolution has been eliminated and the names of individuals listed	ed, the corporate name satisfies I on this form do not qualify for me legal effect as if made unde	s the requirements of an exemption contains	of section 607.0401 or 617.0401, F.5	S., that all fees nation indicated	