

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC -1 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000063771

1. Corporation Name

WALKER LANDSCAPE, INC.

Principal Place of Business

1525 KEY DEER BLVD.  
BIG PINE KEY FL 33043

Mailing Address

1525 KEY DEER BLVD.  
BIG PINE KEY FL 33043

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

2. New Principal Office Address, If Applicable

1005 Flagler Ave.  
Suite 1  
Key West, FL.  
33040 Monroe

3. New Mailing Office Address, If Applicable

1005 Flagler Ave.  
Suite 1  
Key West, FL.  
33040 Monroe

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

07/23/1997

5. FEI Number

65-0772964

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
D	WALKER, ADAM	1525 KEY DEER BLVD.	BIG PINE KEY FL 33043

700003070167--9  
-12/14/99--01106--005  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

WALKER, ADAM  
1525 KEY DEER BLVD.  
BIG PINE KEY FL 33043

9. Name and Address of New Registered Agent

Name Adam Walker  
Street Address (P.O. Box Number is Not Acceptable)  
1005 Flagler Ave.  
Suite 1  
Key West  
City

State  
FL

Zip Code  
33040

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

Adam Walker  
REGISTERED AGENT MUST SIGN

Date 10/15/99

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:

Adam Walker  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/99 305/34/8007  
Date Daytime Phone #

KE