

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED

90 JUN 14 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000075035**

Corporation Name
**JAMES D. WALKER AND ASSOCIATES,
HOUSING SOLUTIONS, INC.**

Principal Place of Business Mailing Address
**4613 IMPERIAL PALM CT. (SAME)
LARGO, FL 33771**

REINSTATEMENT 98-99

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

2. New Principal Office Address, If Applicable 4613 IMPERIAL PALM CT Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 4613 IMPERIAL PALM CT Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 8-28-97	
City & State LARGO, FL		City & State LARGO, FL		5. FEI Number 54-3489362	
Zip 33771		Country PIRELLAS		Applied For <input type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
S/T	FENTON E JONES	4613 IMPERIAL PALM CT LARGO, FL 33771	LARGO, FL 33771
P	CHRISTOPHER JOI	662 SE GEORGETOWN	HOPE SOUND FL 33455

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****308.75 ****308.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name FENTON E. JONES	
Street Address (P.O. Box Number is Not Acceptable) 4613 IMPERIAL PALM CT.	
Suite, Apt. #, Etc.	
City LARGO	State FL
Zip Code 33771	

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
Fenton E Jones
REGISTERED AGENT MUST SIGN

Date **6-8-99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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., and 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
FENTON E JONES

Date **6-8-99**

727 581-0575
Da/Time Phone #

CR2E081 (12/98)