

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 23 AM 11:33

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

DOCUMENT # P 98000049196

1. Corporation Name

WALKER ROSE, INC.

2. Principal Office Address

Anchorage Center

Suite, Apt. #, etc.
2nd Floor

City & State

Grand Cayman

Zip

Country

Cayman Islands

3. Mailing Office Address

P.O. Box 1085 GT

Suite, Apt. #, etc.

City & State

Grand Cayman

Zip

Country

Cayman Islands

REINSTATEMENT

2006

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/02/98

5. FEI Number

65-0852752

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

Roger L. Shaffer

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

2201 Corporate Blvd. NW

Suite, Apt. #, Etc.

Suite 105

City

Boca Raton

State
FL

Zip Code
33431

100003456041-6
-11/02/00-01114-023
****750.00 ****750.00

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.

Signature of
Registered Agent

Roger L. Shaffer

REGISTERED AGENT MUST SIGN

Date

9-29-00

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
C/P/D	Richard Rose	Walker Rose, Inc. Anchorage Center 2nd Floor	P.O. Box 1085 GT Grand Cayman, Cayman Islands
S/D	Robert M. Walker	Walker Rose, Inc. Anchorage Center, 2nd Floor	P.O. Box 1085 GT Grand Cayman, Cayman Islands

LS

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:

Richard Rose

Richard Rose

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-29-00

345-949-2332

Daytime Phone #

CR2E081 (9/99)