


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
-------------------------------------	---	---

DOCUMENT # P98000056512

1. Corporation Name

B & J WALTERS LANDSCAPING, INC.

Principal Place of Business

Mailing Address

~~0776 TOWNSEND RD. LOT 14~~
~~JACKSONVILLE FL 32244~~

~~0776 TOWNSEND RD. LOT 14~~
~~JACKSONVILLE FL 32244~~

8846 Marlee Road
Jacksonville, FL 32222

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

2. New Principal Office Address, If Applicable

8846 Marlee Road

Suite, Apt. #, etc.

City & State
Jacksonville, FL

Zip
32222

Country
USA

3. New Mailing Office Address, If Applicable

P.O. Box 440125

Suite, Apt. #, etc.

City & State
Jacksonville, FL 32222

Zip

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/1998

5. FEI Number

59-3517930

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	WALTERS, BRYAN	8846 Marlee Road 6776 TOWNSEND RD. LOT 14 P.O. Box 440125	JACKSONVILLE FL 32244 32222
VP	WALTERS, JUDY T	P.O. Box 440125 8846 Marlee Road	JACKSONVILLE FL 32222

708004730017-6
-12/18/01--01025--005
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALTERS, BRYAN

8846 Marlee Road

~~6776 TOWNSEND RD. LOT 14~~ P.O. Box 440125

~~JACKSONVILLE FL 32244~~ Jacksonville, FL 32222

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.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bryan Walters
Bryan Walters

10/24/01

Date

904-772-8467

Daytime Phone #

CR2ED40 (8/01)

20f2

OCTOBER 26, 2001

TO: DIVISIONS OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
PO BOX 6327
TALLAHASSEE, FL 32314-6327

FROM: B & J-WALTERS LANDSCAPING, INC
PO BOX 440125
JACKSONVILLE, FL 32222

RE: APPLICATION FOR REINSTATEMENT - DOC# P98000056512

TO WHOM IT MAY CONCERN:

WE HAVE JUST RECEIVED THE NOTICE REGARDING REINSTATEMENT.
WE HAVE MOVED AND HAVE NOT BEEN AT THIS ADDRESS FOR OVER A
YEAR.

PLEASE FIND THE CHECK ENCLOSED FOR \$150.00 FOR OUR CORPORATE
STOCK TAX, AND PLEASE CORRECT YOUR RECORDS TO REFLECT OUR
NEW ADDRESS.

THANK YOU,

Quint L. Walters