OCT-25-2000 13:45 P.03/04

CORPORATION REINSTATEMENT

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

FILED
00 OCT 25 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000098216

1. Corporation Name
Walden & Associates, C.A., P.A.

2. Principal Office Address	3. Mailing Office Address
11849 Sunchase Court	Same as #2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State
Zip: 33498 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 11-18-1998

5. FEI Number: 65-0877304 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee is required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Linda J. Walden

Street Address (P.O. Box Number is Not Acceptable): 11849 Sunchase Court

Suite, Apt. #, Etc.:

City: Boca Raton State: FL Zip Code: 33498

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****750.00 ****50.00

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: Linda J. Walden, Registered Agent
REGISTERED AGENT MUST SIGN

Date: 10/23/00

CR2E046 (6-98)

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
Director	Linda J. Walden	11849 Sunchase Court	Boca Raton, FL 33498
		REINSTATEMENT 00	

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: Linda J. Walden, Director 10/23/00 561-620-3255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #