·CORPORATION	
REINSTATEMENT	ľ



## FLORIDA DEPARTMENT, OF STATE Katherine Harris

Secretary of State

**DIVISION OF CORPORATIONS** 

DOCUMENT#	P990000	32778
1. Cornoration Name	110	

WALTON LANDING DEVELOPMENT,

2. Principal Office Address  1034 -SE Riverside Dr. Suite, Apt. #, etc.		3. Mailing Office Address		
		Same		
		Suite, Apt. #, etc.		
	~ .		-	
City & State		City & State		
Stuart,	FL			
Zip	Country	Zip	Country	
34996	USA			

02 JAN 24 PM 12: 30

SECRETARY OF STATE TALLAHASSEE. FLORIDA 100004880291--1 -02/05/02--01046--011 \*\*\*1058.75 100%

REINSTATEMENT200-2 Date incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For 65-0988663 Not Applicable

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee require for a Certificate of State

USA 7. Name and Address of Current Registered Agent Name BETTY J. JORDAN Street Address (P.O. Box Number is Not Acceptable) 1034 SE Riverside Drive Suite, Apt. #, Etc. State Zip Code Stuart 34996

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.

Registered Agent

Date 1/12/02

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
P/D	Mack MonJordan	1034 SE Riverside Drive	Stuart, FL 34996
V/S/T	D Betty J. Jordan	1034 SE RiversidetDrive	Stuart, FL 34996
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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 path.

SIGNATURE:

561-219-3776

Date

Daytime Phone #