

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA  01 SEP 24 PM 12:45	
<b>DOCUMENT #</b> P99000082772					
1. Corporation Name  WALKER PRO-TOOLS, INC.					
2. Principal Office Address  790 S. Atmore Circle Suite, Apt. #, etc.  City & State Deltona, FL  Zip Country 32725 USA		3. Mailing Office Address  790 South Atmore Cir Suite, Apt. #, etc.  City & State Deltona, FL  Zip Country 32725 USA		<div style="border: 1px solid black; padding: 2px;"><b>REINSTATEMENT</b> 00-01</div> <div style="border: 1px solid black; padding: 2px;">4. Date Incorporated or Qualified To Do Business in Florida 09/01/99 <b>Sp</b></div> <div style="border: 1px solid black; padding: 2px;">5. FEI Number 59-3594076 Applied For Not Applicable</div> <div style="border: 1px solid black; padding: 2px;">6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</div>	
7. Name and Address of Current Registered Agent					
Name Michael R. Walker 400004618804-7					
Street Address (P.O. Box Number is Not Acceptable) 790 South Atmore Circle -10/01/01--01089-011					
Suite, Apt. #, Etc. ****908.75 ****908.75					
City State Zip Code Deltona FL 32725					
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 <u>Michael R. Walker</u> Date 09/20/01					
REGISTERED AGENT MUST SIGN					
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		
D	Michael R. Walker	790 S. Atmore Circle	Deltona, FL 32725		
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: <u>Michael R. Walker</u> 9/21/01 386-532-6170					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					