

S30015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/31/17--01010--01: ♦♦1055.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

17 AUG 21 PM 4: 25

DOCUMENT # S30015

1. Corporation Name

Walden Holding Co.

2. Principal Office Address - No P.O. Box #

2872 Roberta Street

Suite, Apt. #, etc.

3. Mailing Office Address

2872 Roberta Street

Suite, Apt. #, etc.

City & State

Largo, Florida 33771

City & State

Largo, Florida 33771

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/5/1991

5. FEI Number

59-3059754

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
yes

**\$8.75 Additional Fee required
for a Certificate of Status**

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

Christine E. Kelley

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

2872 Roberta Street

Suite, Apt. #, Etc.

City

Largo, Florida 33771

State

FL

Zip Code

33771

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

Christine E. Kelley
REGISTERED AGENT MUST SIGN

Date 7/19/2017

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
P	Norma J. Walden	2872 Roberta Street	Largo, Florida 33771
S	Carol Treshler	2330 Coachman Rd.	Clearwater, Florida 33520
T	Christine E. Kelley	2872 Roberta Street	Largo, Florida 33771
			AUG 24 2017
			D CUSHING

10. E-mail Address: ckelley51@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Christine E. Kelley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/2017

727-688-6972

Date

Daytime Phone #