

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
98-99 AR  
Division of Corporations

DOCUMENT # S48771

1. Corporation Name

WALTHER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1853 VICTORIA AVE  
FT MYERS FL 33901  
US

P O BOX 2462  
FT MYERS FL 33902  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/26/1991

5. FEI Number

65-0328022

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	WALTHER, JOE	1630 SE 17TH TERRACE 4542 E. Riverside Dr.	CAPE CORAL FL Fort Myers, FL 33905

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARSONS, WADE H.  
1853 VICTORIA AVENUE  
FORT MYERS FL 33901

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

*Wade H. Parsons*

Date

5/27/99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*Joseph Walther*

Joseph Walther 5-22 99 941 644 7250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

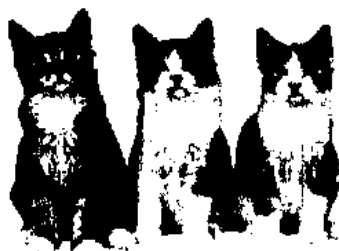
Daytime Phone #

CR2E040 (9/98)

J. D. Walther  
4542 E Riverside Dr  
Fort Myers FL 33905-3029

To whom it may concern -

On May 22 I contacted  
the Dept of State and was  
told that the Corporation  
Annual Report papers had been  
sent out twice & returned by  
P.O. twice. We never received  
any until the final return  
though the address has never  
changed. I was instructed  
to send a ck for \$300.00 for  
Reinstatement.  
enclosed.



1999 Member

The Humane Society of the United States

This is  
all I can give you

J. Walther  
FEB 14 650328022