

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 21 PM 3:39

DOCUMENT # S78447

1. Corporation Name

WALKER JEWELERS, INCORPORATED

Principal Place of Business

Mailing Address

5248 BANK ST.  
FT. MYERS FL 33907-2111

5248 BANK ST.  
FT. MYERS FL 33907-2111



REINSTATEMENT

*[Handwritten signature]*

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

4. Date Incorporated or Qualified  
To Do Business in Florida

09/05/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0275492

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 3	City / State / Zip 4
PD	BOBB, KATHRYN WALKER	5964 BAKERS CT	FT. MYERS FL 33919
D	BOBB, MICHAEL J.	5964 BAKER CT.	FT. MYERS FL 33919

*[Handwritten signature]*  
B00003514653-6  
-12/23/00-01071-013  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

JOHN P. IZZO & ASSOCIATES  
180 N INDIANA AVE.  
ENGLEWOOD FL 34223

9. Name and Address of New Registered Agent

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

Date

10-12-00

REGISTERED AGENT MUST SIGN

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., 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:

*[Handwritten signature: Kathryn Walker Bobb]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-12-00

Daytime Phone #

941-936-4066