

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

01 JUL -3 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **V23419**

1. Corporation Name

Walker Electric Company of Pensacola, Inc.

2. Principal Office Address

4141. W. JACKSON ST

Suite, Apt. #, etc.

3. Mailing Office Address

4141. W. JACKSON ST

Suite, Apt. #, etc.

City & State

Pensacola, Florida

City & State

Pensacola, Fl.

Zip

32505

Country

Escombria

Zip

32505

Country

Escombria

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 19, 1992

5. FEI Number

59-3116634

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

THOMAS A. WALKER

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

4141. W. JACKSON ST

Suite, Apt. #, Etc.

500004474675-3

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*****1208.75 ***1208.75**

City

Pensacola

State

FL

Zip Code

32505

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

Thomas A. Walker

REGISTERED AGENT MUST SIGN

Date

7/1/01

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
	THOMAS A. WALKER PRESIDENT	515 LAKEWOOD DR	PENSACOLA, FL 32507
Secy	INEZ B. WALKER	500 S. SECOND ST	PENSACOLA, FL 32507
Treasurer			

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:

Thomas A. Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/01

Date

850 434 1080

Daytime Phone #

CR2E081 (9/00)