2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V51445

Entity Name: WALTER CAPITAL CORPORATION

FILED Oct 21, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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9335 W. TENNESSEE ST US TALLAHASSEE, FL 32304

Current Mailing Address: New Mailing Address:

679 BLACKSHEAR RD

THOMASVILLE, GA 31792 US

FEI Number: 59-3132621 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

WADSWORTH, JAMES B JR CHASTAIN, ALLAN 1040 E PARK AVE 9335 W. TÉNNESSEE ST TALLAHASSEE, FL 32301 US US TALLAHASSEE, FL 32304

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALLAN CHASTAIN 10/21/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete () Change () Addition

WALTER, EBE Name: Name: 659C BLACKSHEAR RD Address: Address: City-St-Zip: THOMASVILLE, GA 31792 City-St-Zip:

Title: Title: () Delete (X) Change () Addition

Name: POMEROY, JOHN P Name: YOUNG, GEOFFREY P 445 ALDREDGE RD. 679 BLACKSHEAR ROAD Address: Address: CAIRIO, GA 39827 US THOMASVILLE, GA 31792 US City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition () Delete STV

LADSON, WILLIAM F Name: LADSON, WILLIAM F Name: 904 GORDON AVE 679 BLACKSHEAR ROAD Address: Address: City-St-Zip: THOMASVILLE, GA 31792 US City-St-Zip: THOMASVILLE, GA 31792 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM F LADSON 10/21/2009 Τ