

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

03 APR 22 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

V56707

1. Corporation Name

Waller Industries Inc.

REINSTATEMENT 02-03

100016681084

04/22/03--01072--019 **900.00

2. Principal Office Address

6770 Lantana rd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite # 4

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Zip

33467

Country

U.S.

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

8-7-92

5. FEI Number

65-0350641

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

Craig Waller

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

5792 Lago Del Sol Dr.

Suite, Apt. #, Etc.

City

Lake Worth

State
FL

Zip Code

33467

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

REGISTERED AGENT MUST SIGN

Date

4-14-03

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
PIT	Craig Waller	5792 Lago Del Sol Dr.	Lake Worth, FL 33467
S	Tracy Benham	5792 Lago Del Sol Dr.	Lake Worth, FL 33467

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-03

561-965-3597

CP2ED06 (10/02)