


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

03 OCT 29 PM 5:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000074771

1. Corporation Name

Walnut Station, Inc.



REINSTATEMENT 2003

300023584113
10/05/03--01048--004 **750.00

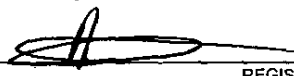
2. Principal Office Address 215 Beach 147 Street Suite, Apt. #, etc.		3. Mailing Office Address 215 Beach 147 Street Suite, Apt. #, etc.	
City & State Neponsit, New York		City & State Neponsit, New York	
Zip 11694	Country USA	Zip 11694	Country USA

4. Date Incorporated or Qualified To Do Business in Florida	07/30/2001
5. FEI Number	65-1128273
<input checked="" type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name	Arthur W. Lambertus		
Street Address (P.O. Box Number is Not Acceptable)	2929 East Commercial Boulevard		
Suite, Apt. #, Etc.	Suite 604		
City	State	Zip Code	
Fort Lauderdale	FL	33308	

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.

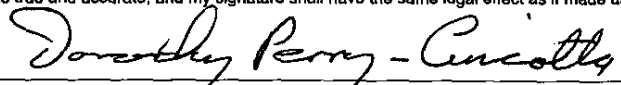
Signature of Registered Agent  Date 10/30/03

REGISTERED AGENT MUST SIGN

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
D	J. P. Rothstein	101 Wooster Street, #3F	New York, New York 11694
D, P	Dorothy Cincotta	215 Beach 147 Street	Neponsit, New York 11694

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:  9/25/03 718-318-2950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)