

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 14 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 592852

1. Corporation Name

PARKS COMPANY, INC.

Principal Place of Business

Mailing Address

~~1100 S FEDERAL HWY
SUITE 101
STUART FL 34994
US~~

PO BOX 2654
STUART FL 34995
US



100023772151
10/14/03--01015--030 **150.00

03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

710 E. Ocean Blvd.

3. New Mailing Office Address, If Applicable

← Same

4. Date Incorporated or Qualified To Do Business in Florida

11/09/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2442413

Applied For

Not Applicable

City & State

Stuart Fl.

City & State

Zip

34996

Country

USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	PARKS, RALPH H	1100 S FEDERAL HWY, SUITE 101 710 E. Ocean Blvd.	STUART FL 34994 34996
ST	PARKS, JEAN R	1100 S FEDERAL HWY, SUITE 101 710 E. Ocean Blvd.	STUART FL 34994 34996

REINSTATEMENT

8. Name and Address of Current Registered Agent

~~DUNGEY, RICHARD J.
1100 S FEDERAL HWY
STUART FL 34995~~

9. Name and Address of New Registered Agent

Name
Ralph H. Parks
Street Address (P.O. Box Number is Not Acceptable)
710 E. Ocean Blvd.
Suite, Apt. #, Etc.

City
Stuart
State
FL
Zip Code
34996

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. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/16/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/03

Daytime Phone #

CR2E040 (7/03)

2012

Parks Company, Inc.
Contractors

Post Office Box 2654, Stuart, FL 34995

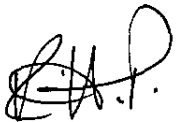
Telephone 772-781-1616
Fax 772-781-0620

October 9, 2003

To: The Florida Department of State

We received the notice dissolution on 10-8-03. We have not received any prior notices for the uniform business reports. Please waive the late fees.

Respectfully Submitted,



Ralph H. Parks