PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1996 NOV 12 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27305

1. Corporation Name

PARKWOOD ISLE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10071 SW 16TH PLACE DAVIE FL 33324 US	10071 SW 16TH PL DAVIE FL 33324 US

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

REINSTATEMENT

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
P.A.Lethbridge & Co. PropMgt	P.A.Lethbridge&Co. Prop Mgt
Suite, Apt. #, etc. 100 S. Pine Island Rd #200	Suite, Apt. #, etc. 100 S. Pine Island Rd. #200
City & State Plantation, FL 33324	City & State Plantation, FL 33324
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 1990 DEC 25

5. FEI Number: 65-0117307 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	~~DELUCIA, RICHARD~~ Rex Noble	~~10130 SW 17TH COURT~~ 10150 SW 17 Court	~~DAVIE, FL 33324~~
VD	~~KRAHN, MERYLEE~~	~~10221 SW 15TH PL~~	~~DAVIE FL~~
TD	~~QUEEN, JANICE~~	~~1541 SW 102ND TERRACE~~	~~DAVIE FL~~
SD	~~HELLIKER, ELIZABETH~~	~~10111 SW 15TH PLACE~~	~~DAVIE FL~~
D	~~CORMIO, MATTHEW~~	~~10080 SW 16TH PLACE~~	~~DAVIE FL~~

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-141236-01140--003
****236.25 ****236.25

8. Name and Address of Current Registered Agent

~~ENGLUND, LEVI~~
~~7700 DAVIE RD EXTENSION~~
~~HOLLYWOOD FL 33024~~

9. Name and Address of New Registered Agent

Name: Randall Roger Esq c/o Lake & Roger, P.A.
Street Address (P.O. Box Number is Not Acceptable): 6261 NW 6 Way
Suite, Apt. #, Etc.: Suite 103
City: Fort Lauderdale
State: FL
Zip Code: 33309

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.

Signature of Registered Agent: SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN
Date: OCT 18 1996

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-4-96 954-475-2892
Date Daytime Phone #

CR2E044 (1/96)