


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

1998 DEC -4 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT '98

DOCUMENT # **N27305**

1. Corporation Name
PARKWOOD ISLE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10071 SW 16TH PLACE 100 G. PINE ISLAND RD. #200 REMOVE DAVIE FL 33324 US	10071 SW 16TH PLACE 100 G. PINE ISLAND RD. #200 REMOVE DAVIE FL 33324 US

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



SCC 12-4-98

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc. 10071 S.W. 16 th Place	Suite, Apt. #, etc. Parkwood Isle H.O. Inc	07/07/1988
City & State Davie, Florida	City & State Davie, Florida	5. FEI Number 65-0117307
Zip 33324	Country U.S.A.	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	VALENTINE, LORI Tom Hilliker	10151 SW 10TH PLACE 10116 SW 15 place	DAVIE FL 33324
VD	DUAY III, THEODORE Ed Wharton	1641 SW 102 TERR 10151 S.W. 15 place	DAVIE FL 33324
TD	AUSTIN, PAULA MARTIN WINNIE	1641 SW 102 TERR 10110 S.W. 15 place	DAVIE FL 33324
SD	LYONGO, FRANCESCA Rodney Colten	1641 SW 102 TERR 10201 S.W. 16 place	DAVIE FL 33324
D	GURR, MICHAEL	1641 SW 102 TERR	DAVIE FL

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
EARNEST, MARY M. 6800 GRIFFIN RD. 6201 N.W. 6TH WAY, STE 103 DAVIE FL 33314	Name Kaye + Roger, P.A. Street Address (P.O. Box Number is Not Acceptable) 6261 NW 6 Way Suite, Apt. #, Etc. Suite 103 City Ft 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 X Robert Kaye **REGISTERED AGENT MUST SIGN** Date X _____

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Thomas Hilliker **REQUIRED** 23 Nov 98 (954) 452-5950

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

CR2E040 (9/88)