

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

CORPORATION REINSTATEMENT PAR INC

Certificate of Status	0
Certified Copy	0
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750.00

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SECRETARY OF STATE
FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 151787

1. Corporation Name

PAR INC

2. Principal Office Address - No P.O. Box #

2200 N. Atlantic Avenue

Suite, Apt. #, etc.

#1202

City & State

Daytona Beach, FL

Zip

32118

Country

USA

3. Mailing Office Address

2200 N. Atlantic Avenue

Suite, Apt. #, etc.

#1202

City & State

Daytona Beach, FL

Zip

32118

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1947

5. FEI Number

59-1114823

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ann H. Unatin

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

2200 N. Atlantic Avenue

Suite, Apt. #, Etc.

#1202

City

Daytona Beach

State

FL

Zip Code

32118

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of

Registered Agent

Ann H. Unatin

Date 10/24/2011

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/P/S/T	Ann H. Unatin	2200 N. Atlantic Ave., #1202	Daytona Beach, FL 32118

REINSTATEMENT

2011 211

10. E-mail Address: launatin@aol.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 617.155, F.S.

SIGNATURE: *Ann H. Unatin*

Ann Unatin 10/24/2011

386-253-3747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #