PLEASE READ	ALL INS	TRUCTIONS	BEFORE C	OMPLET	ING THIS FORM	· · · · · · · · · · · · · · · · · · ·
APPLICATION FOR REINSTATEMENT	PLICATION FLORIDA DEPARTME FOR Sandra B. Mo Secretary of			ŕ	11ED 24 AM 1:47	
DOCUMENT # 173028 1. Corporation Name PALATKA ASSOCIATES INC.				SEOFIE OF STATE SEOFIE FLORIDA TALLAHASSICE, FLORIDA		
Principal Place of Business Mailing Address				{		
229 St. Johns Ave. Palatka, FL 32077 C/O Stuart L. Parker CPA Parker & Parker, P.C. 150 White Plains Road Tarrytown, NY 10591				REINSTATEMENT 0-98		
If above addresses are incorrect In any way, line through incorrect information and enter correction belo 2. New Principal Office Address, If Applicable N / A N / A				4. Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc.				January 1, 195		Ty 1, 1953
City & State	City & State				13-2530624 Not Applicable	
Zip Country	Zip	Count	у	6. CERTIFICATE OF STATUS DESIRED Status DESIRED for a Certificate of Status		5 Additional Fee required or a Certificate of Status
7. Names and Street Addresses of Each Officer and/ Name of Officers	or Director (Fic		ations must list at lea			
Title(s) and/or Directors	(s) 2 and/or Directors 3		Officer and/or Director (Do NOT Use Post Office Box Numbers)		City / Sta	ate / Zip
	Stuart L. Parker 150		150 White Plains Rd.		Tarrytown, NY 10591	
D VP/S Brian J. Parker 15		150 White	150 White Plains Rd.		Tarrytown, N	Y 10591
)1080002 ***2385.00
			<u> </u>		12/29/98-00 -12/29/98-00 *******	
8. Name and Address of Current F	legistered Age	nt		9. Name and A	ddress of New Registered A	gent
JOSEPH C. CARLIN 1303 Reid Street Palatka, Florida 32077			Name DONALD M. KLEIN Street Address (P.O. Box Number is Not Acceptable) 2665 South Bayshore Drive, Suite 903 Suite, Apt. #, Etc. Suite 903			
City Coconut				Grove FL 33133		
10. I, being appointed the registered agent of the above Signature of Registered Agent	100	ration, am familiar wi	th and accept the obl	igations of Sectio		18, 1998
1. This corporation owes or ha Intangible Personal Property	s paid the	e current yea	ar Yes 🗖	No 🖾 🗄	NONE (See other side Due on intang	
12. I certify that I am an officer or director or the receivent this reinstatement application, the reason for dissol owed by the corporation have been paid and the na- on this application is true and accurate, and my sign	ution has been times of individu	eliminated, the corpor rals listed on this form	rate name satisfies th n do not qualify for an	e requirements on exemption under	of section 607,0401 or 617.040	1, F.S., that all fees
SIGNATURE: SIGNATURE AND TYPED OR PRIN	TED NAME OF SI	STUART I	L PARKER	12		531-5600