

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 18 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 334210

1. Corporation Name

PARKER GROVES INC

Principal Place of Business

1317 NEWCASTLE DRIVE
ORLANDO FL 32806

Mailing Address

5501 COMMERCE DR
C/O T.W. DAVIS ELECTRIC
ORLANDO FL 32839
US

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

2. New Principal Office Address, If Applicable

2534 OAK ISLAND POINTE RD PO Box 560339
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Orlando FL

Zip
32809

Country

City & State

Orlando FL

Zip

32856

Country



REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

08/26/1968

5. FEI Number

59-1223795

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DAVIS, TERRY W	2534 OAK ISLAND POINTE RD	BELLE ISLE FL
STD	DAVIS, LYNDA P.	2534 OAK ISLAND POINTE RD	BELLE ISLE FL
Dir	Thomas K. Davis	2534 oak Island Pointe Rd	Belle Isle FL
Dir	William P. Davis	2534 oak Island Pointe Rd	Belle Isle FL
Dir	Elaine E. Davis	2534 oak Island Pointe Rd	Belle Isle FL

8. Name and Address of Current Registered Agent

DAVIS, TERRY W
2534 OAK ISLAND POINTE RD
BELLE ISLE FL 32809

9. Name and Address of New Registered Agent

Name

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

000009052810

Suite, Apt. #, Etc.

11/18/02--01083--016 **750.00

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/14/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)