

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 25 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 402889

1. Corporation Name

Parker Associates Realty, Inc.

2. Principal Office Address

2972 Starwood Drive

Suite, Apt. #, etc.

City & State

Oviedo FL

Zip

32765

Country

USA

3. Mailing Office Address

2972 Starwood Drive

Suite, Apt. #, etc.

City & State

Oviedo FL

Zip

32765

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/01/1972

5. FEI Number

59-1409624

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

04-06

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Marsha P. Downes

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

2972 Starwood Drive

Suite, Apt. #, Etc.

City

Oviedo

State

FL

Zip Code

32765

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Marsha P. Downes

Date 10-21-06

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
PTD	Richard H. Parker	c/o Teresa Barton 106 Commerce St. Suite 107	Lake Mary, FL 32746
VSD	Marsha P. Downes	2972 Starwood Drive	Oviedo, FL 32765

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10. 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 contained in Chapter 119, 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:

Marsha P. Downes
Marsha P. Downes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-06

Date

407-657-
1647

Daytime Phone #