PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 NOV 20 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 583524

1. Corporation Name

PARK SALES, INC.

Principal Place of Business	Mailing Address
~~201 S AUBURN RD.~~ ~~VENICE FL 34292~~ 899 KNIGHTS TRAIL #175 NOKOMIS FL 34275	~~201 S AUBURN RD.~~ ~~VENICE FL 34292~~ → SAME

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

REINSTATEMENT 97

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
899 KNIGHTS TRAIL #175	899 KNIGHTS TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc. #175
City & State NOKOMIS FL	City & State NOKOMIS FL
Zip 34275 Country SARASOTA	Zip 34275 Country SARASOTA

4. Date Incorporated or Qualified To Do Business in Florida: 08/28/1978

5. FEI Number: 59-2723936 ✓ ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PST	BOECHEN, GLEN E.	~~201 S AUBURN RD.~~ 899 KNIGHTS TRAIL #175	~~VENICE FL~~ NOKOMIS FL 34275

600002356816--9
-11/25/97--01058--016
****750.00 ~~****750.00~~
1121

8. Name and Address of Current Registered Agent

~~FERGUSON, FLOYD E.~~
~~258 WEST MIAMI AVENUE~~
~~VENICE FL 33595~~

9. Name and Address of New Registered Agent

Name: SUSAN C. HANKS, CPA
Street Address (P.O. Box Number Is Not Acceptable): PEACOCK & CO CPA'S PA
Suite, Apt. #, Etc.: 133 S HARBOR DR
City: VENICE State: FL Zip Code: 34285

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: Susan C Hanks, CPA Date: 11-17-97
REGISTERED AGENT MUST SIGN

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: Glen E Boechen Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-4-97
Date

9414880131
Daytime Phone #

CR2E040 (8/97)