

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 14 PM 4:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **592852**

1. Corporation Name

**PARKS COMPANY, INC.**

Principal Place of Business

Mailing Address

~~1100 S FEDERAL HWY  
SUITE 101  
STUART FL 34994  
US~~

PO BOX 2654  
STUART FL 34995  
US

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

2. New Principal Office Address, If Applicable

**710 E. Ocean Blvd.**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**← Same**

Suite, Apt. #, etc.

City & State

**Stuart FL.**

City & State

Zip

**34996**

Country

**USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/09/1978**

5. FEI Number

**59-2442413**

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	4 City / State / Zip
PD	PARKS, RALPH H	<del>1100 S FEDERAL HWY, SUITE 101</del> <b>710 E. Ocean Blvd.</b>	STUART FL 34994 <b>34996</b>
ST	PARKS, JEAN R	<del>1100 S FEDERAL HWY, SUITE 101</del> <b>710 E. Ocean Blvd.</b>	STUART FL 34994 <b>34996</b>

REINSTATEMENT

8. Name and Address of Current Registered Agent

~~DUNGEY, RICHARD J.  
1100 S FEDERAL HWY  
STUART FL 34995~~

9. Name and Address of New Registered Agent

Name

**Ralph H. Parks**

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

**710 E. Ocean Blvd.**

Suite, Apt. #, Etc.

City

**Stuart**

State

**FL**

Zip Code

**34996**

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

REGISTERED AGENT MUST SIGN

Date

**10/2/03**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/2/03**

Daytime Phone #

CR2E040 (7/03)

2012

**Parks Company, Inc.**  
**Contractors**

Post Office Box 2654, Stuart, FL 34995

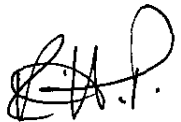
Telephone 772-781-1616  
Fax 772-781-0620

October 9, 2003

—To: The Florida Department of State

We received the notice dissolution on 10-8-03. We have not received any prior notices for the uniform business reports. Please waive the late fees.

Respectfully Submitted,



Ralph H. Parks