

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 DEC -9 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 593800

1. Corporation Name

Parkridge Corporation

Principal Place of Business

2660-Airport-Road-South-
Naples, Florida--33962-4899-

Mailing Address

Same

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

2. New Principal Office Address, If Applicable

4532 Tamiami Trail East
Suite, Apt. #, etc.
Suite 401

City & State
Naples, Florida

Zip Country
34112 USA

3. New Mailing Address, If Applicable

Same
Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/78

5. FEI Number

59-264334

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ XX

\$6.75 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres., Treas., Dir.	Lillian Perez	386 Pinehurst Circle	Naples, FL 34113
Secty.	John F. Hooley	4532 Tamiami Trail E., #401	Naples, FL 34112

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-12/12/97-01119-004

***1758.75 ***69.610

1758.75

REINSTATEMENT

89-97

52 12-11-97

8. Name and Address of Current Registered Agent

John F. Hooley
4532 Tamiami Trail East
Suite 401
Naples, Florida 34112

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

John F. Hooley

REGISTERED AGENT MUST SIGN

Date 12-5-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

John F. Hooley JOHN F. HOOLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-5-97
Date

941/775-2908

Daytime Phone #