

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 DEC 11 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748936
1. Corporation Name
PARKWOODS VI HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
WOODROSE COURT 12369-5 WOODROSE COURT
FORT MYERS FL 33911 FORT MYERS FL 33907



02 UBR [Signature]

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 09/17/1979
5. FEI Number 59-2169940 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
TD	MASSEY, VICKI Bob Campbell	12301-1 WOODROSE CT 12351-4	FT MYERS, FL 00000 33907
VD	KUSTEK, JACK	12353-1 WOODROSE CT	FT MYERS FL 33907
PD	MEYERS, GRETCHEN	12365-3 WOODROSE CT	FT MYERS FL 33907
SD	WALLIS-KENNEDY, WALLIS Brooke	12369-3 WOODROSE CT	FORT MYERS FL 33907
D	EGGERS, JIM → Holly Gorman	12363-4 WOODROSE CT	FORT MYERS FL 33907

8. Name and Address of Current Registered Agent
MEYERS, GRETCHEN
12365-3 WOODROSE COURT
FORT MYERS FL 33907

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. or 617.0505, F.S.
Signature of Registered Agent [Signature] REGISTERED AGENT MUST SIGN Date 10/30/02

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Gretchen H. Meyers Date 10/30/02 Daytime Phone # 239 472 1994

CR2E040 (8/02)

zell


Parkwoods Phase VI
Homeowners Association, Inc.
12369-5 Woodrose Ct
St. Myers, FL 33907

October 30, 2002

Mr. Jim Smith
Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

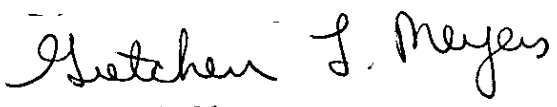
Re: Parkwoods Phase VI

Dear Mr. Smith,

Attached is the Corporation Filing Form and fees for 2002. Per your instructions if we did not receive the previous forms we do not pay the late fees. Accept this as our notice of not having received the previous forms for 2002.

Enclosed with the Corporation Form is our check for \$70.00. This includes the \$8.75 for the Status Certificate. The form we are filing has the appropriate corrections for the current 2002 Board of Directors.

Sincerely,



Gretchen L. Meyers
President Parkwoods Phase VI