

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 26 PM 2: 15

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762048

1. Corporation Name

PARKWOOD PROFESSIONAL CENTER CONDOMINIUM
ASSOCIATION, INC., A FLORIDA NOT FOR PROFIT
CORPORATION

2. Principal Office Address

4806 26th Street West

3. Mailing Office Address

4806 26th Street West

Suite, Apt. #, etc.

The Palm Suite

Suite, Apt. #, etc.

The Palm Suite

City & State

Bradenton, Florida

City & State

Bradenton, Florida

Zip

34207

Country

U.S.A.

Zip

34207

Country

U.S.A.

REINSTATEMENT 98-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/22/82

5. FEI Number

N/AE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

G. Joseph Harrison

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

1206 Manatee Avenue West

Suite, Apt. #, Etc.

City

Bradenton,

State

FL

Zip Code

34205

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

G. Joseph Harrison
REGISTERED AGENT MUST SIGN

Date 10/25/01

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
P/D	Nancy Boltwood	4806 26th Street West	Bradenton, Florida 34207
S/D	Cliff Boltwood	4806 26th Street West	Bradenton, Florida 34207
D	Jim Gay	4855 27th Street West	Bradenton, Florida 34207

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 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:

Nancy L Boltwood, President

October 25, 2001 941-727-9797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)