

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT #** 1762230

1. Corporation Name  
Parkway Professional Plaza Condominium  
Association, Inc.  
3820 State Street  
Santa Barbara, CA 93105

Principal Place of Business Mailing Address  
3820 State Street c/o Mary H. Yumibe  
Santa Barbara, CA 93105 3820 State Street  
Santa Barbara, CA 93105

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

2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable  
3820 State Street c/o Mary H. Yumibe  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
3820 State Street  
City & State City & State  
Santa Barbara, CA Santa Barbara, CA  
Zip Country Zip Country  
93105 USA 93105 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

6/7/82

5. FEI Number

59-2371461

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

98 MAY 11 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100002520191--3  
-05/12/98--01045--007  
\*\*\*\*481.25 \*\*\*\*481.25

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Michael H. Focht, Sr.	3820 State Street	Santa Barbara, CA 93105
S/D	Scott M. Brown	3820 State Street	Santa Barbara, CA 93105
V/T	Terence P. McMullen	3820 State Street	Santa Barbara, CA 93105
AS	Karen S. Rothberg	3820 State Street	Santa Barbara, CA 93105

**REINSTATEMENT**

94-98 a. Allen  
5/11/98

8. Name and Address of Current Registered Agent

Corporation Information Services, Inc.  
1201 Hays Street  
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Name  
C T Corporation System  
Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road  
Suite, Apt. #, Etc.

City  
Plantation

State  
FL

Zip Code  
33324

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

M.T. Fitzpatrick, Asst. Secretary

Date 5/8/98

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:**

Karen S. Rothberg  
Asst. Sec'y

Asst. Sec'y

805/563-7075

CR2E040 (12/95)