

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

*Katherine Harris*

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 24 PM 4:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F99000001407

1. Corporation Name

PARK MANAGEMENT GROUP, INC.

Principal Place of Business

Mailing Address

4770 S. ATLANTA RD.  
SMYRNA GA 30080

4770 S. ATLANTA RD.  
SMYRNA GA 30080

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 Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

03/15/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-2106271

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	HENRITZE, ROBERT M	4770 S. ATLANTA RD.	SMYRNA GA 30080
DC	SHEA, MICHAEL D	4770 S. ATLANTA RD.	SMYRNA GA 30080
DVT	CARLEY, C. DAVID	4770 S. ATLANTA RD.	SMYRNA GA 30080

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*PETER F. SOUZA*  
PETER F. SOUZA  
ASSISTANT SECRETARY

Date

10/20/00

REGISTERED AGENT MUST SIGN

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:

*Peter F. Souza*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-13.00 404 3519700