

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 NOV 22 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # H11299**

1. Corporation Name  
**PARKER'S LANDING, INC.**

Principal Place of Business 5365 HARBORSIDE DR TAMPA FL 33615 US	Mailing Address 1700 BROADWAY, 34TH FLOOR NEW YORK NY 10019 US
---	---



**REINSTATEMENT 02**

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		07/06/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number		Applied For	
City & State		City & State		59-1843429		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PARKER, JACK	2800 SOUTH OCEAN DR	BOCA RATON FL
AS	MITCHELL, STEPHEN J.	201 N FRANKLIN ST #2100	TAMPA FL
D	GLICK, ADAM	1700 BROADWAY, 34TH FLOOR	NEW YORK NY 10019

600009351756  
12/04/02 01053 017 \*\*750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
MITCHELL, STEPHEN J. 201 N FRANKLIN ST, STE 2100 TAMPA FL 33602		Name Andrew Service Corporation of Florida			
		Street Address (P.O. Box Number is Not Acceptable) 201 N. Franklin Street			
		Suite, Apt. #, Etc. Suite 2100			
		City Tampa	State FL	Zip Code 33602-5164	

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.

**Andrew Service Corporation of Florida**

Signature of Registered Agent: **SIGNATURE REQUIRED**  
Joseph D. Edwards REGISTERED AGENT MUST SIGN

Date: **Nov. 21, 2002**

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 REQUIRED**  
ADAM GLICK

Date: **11/14/02**

Daytime Phone #

CR2E040 (8/02)