

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 29 PM 3:49

DOCUMENT # H63614

1. Corporation Name

PARKE-DAVIS ASSOCIATES, INC.

REINSTATEMENT 02-06

2. Principal Office Address

3310 Ponce De Leon Blvd.

Suite, Apt. #, etc.

Suite 250

City & State

Coral Gables, Florida

Zip

33134

Country

USA

3. Mailing Office Address

3310 Ponce De Leon Blvd.

Suite, Apt. #, etc.

Suite 250

City & State

Coral Gables, Florida

Zip

33134

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
59-2620579

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

JOSIE EILAND PARKE

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

426 Sarto Avenue

Suite, Apt. #, Etc.

City

Coral Gables,

State

FL

Zip Code

33134

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

*Josie Eiland Parke*  
REGISTERED AGENT MUST SIGN

Date 3/22/06

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	PARKE, JOSIE EILAND	426 Sarto Avenue	Coral Gables, FL 33134
V	PARKE, JAMES. B.	426 Sarto Avenue	Coral Gables, FL 33134

100069641661

04/06/06--01049--002 \*\*1350.00

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 contained in Chapter 119, 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:

*Josie Eiland Parke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/22/06

Daytime Phone #