

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 OCT 15 PM 5:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H93842

1. Corporation Name

PARCO, INC.

2. Principal Office Address

2520 NE 41st Street

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

Zip

33064

Country

Broward

3. Mailing Office Address

2520 NE 41st Street

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

Zip

33064

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

January 8, 1986

5. FEI Number

59-2759789

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

Rutherford, Mulhall & Wargo, P.A.

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

2600 N. Military Trail

Suite, Apt. #, Etc.

Fourth Floor

City

Boca Raton

State

FL

Zip Code

33431-6340

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

[Signature]

Date 10-11-01

REGISTERED AGENT MUST SIGN

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, T	Alan Bayman	2520 NE 41st Street	Lighthouse Point, FL 33064
V, D	Kay Bayman	2520 NE 41st Street	Lighthouse Point, FL 33064

REINSTATEMENT

by
mw

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:

[Signature]

, Alan Bayman

9/18/01

Date

(954) 943-4911

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR