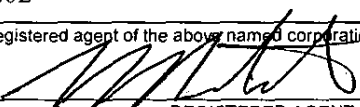
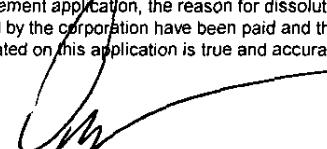


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J33565 1. Corporation Name PARKER MANAGEMENT, INC.		FILED 00 DEC 28 PM 1:51 SECRETARY OF STATE TALLAHASSEE FLORIDA	
Principal Place of Business 9400 Gladiolus Drive Suite 250 Ft. Myers, Florida 33908		Mailing Address 9400 Gladiolus Drive Suite 250 Ft. Myers, Florida 33908	
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. Date Incorporated or Qualified To Do Business in Florida 9/16/86	
		5. FEI Number 59-2736349	
		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
REINSTATEMENT 98-100			
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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
D	Jack Parker	9400 Gladiolus Drive Suite 250	Ft. Myers, Florida 33908
D	Adam Glick	9400 Gladiolus Drive Suite 250	Ft. Myers, Florida 33908
D/P	John Reisman	9400 Gladiolus Drive Suite 250	Ft. Myers, Florida 33908
V/S/T	David Knizner	9400 Gladiolus Drive Suite 250	Ft. Myers, Florida 33908
AS	Stephen J. Mitchell	201 North Franklin Street Suite 2200	Tampa, Florida 33602
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Stephen J. Mitchell 201 North Franklin Street Suite 2200 Tampa, Florida 33602		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		4000003535914--B -01/12/01--01074--003 ***105 State ID Zip***1050.00 FL	
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  Date 12/26/00 REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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 name 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: 		David Knizner, Vice President 941/481-5040 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			