

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 # K71503

1. Corporation Name

Parkway Water Service, INC

FILED

97 DEC -1 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P.O. Box 5501  
Destin FL 32540

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Country

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

3/9/1989

5. FEI Number

59-2967124

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$6.75 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	ALAN R Gibson	716 Springlake drive	Destin FLA

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-12/02/97--01102--006

\*\*\*2177.50 \*\*\*1088.75

12-1-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALAN R Gibson  
716 Springlake Drive  
Destin, FL 32541

Name

ALAN R Gibson

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

716 Springlake

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32541

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

Alan R Gibson

REGISTERED AGENT MUST SIGN

Date Dec 1 1997

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(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 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.

Alan R Gibson

SIGNATURE:

Alan R Gibson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 1 1997

Date

850 837 6705

Daytime Phone #

CP2ENG (2/95)