

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **LO4510**

1. Corporation Name **Parsley Group Services, Inc.**

Principal Place of Business

Mailing Address

**17715 Gulf Blvd.
Redington Shores, Fl. 33708-4201**

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

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

7/26/89

5. FEI Number

59-2965446

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☐

\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres. Director	Edwin Parsley, Sr.	17715 Gulf Blvd.	St. Pete Fl 33708
Vice Pres. Director	Walter T. Parsley	" " "	" " "
Sec. Director	Edwin D. Parsley, Jr.	" " "	" " "
Asst. Director	Thomas W. Parsley	" " "	" " "
8000002772563--6 -02/11/93--01032--008 ****900.00 ****900.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Edwin Parsley, Sr.

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

17715-Gulf Blvd.

Suite, Apt. #, Etc.

City

St. Pete. Fl.

State

FL

Zip Code

33708

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

Edwin Parsley, Sr.

REGISTERED AGENT MUST SIGN

Date

2/4/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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.

SIGNATURE:

Edwin Parsley, Sr. (EDWIN PARSELEY, SR.)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/4/99

Daytime Phone #

391-4610

CR2E081 (12/98)