

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP 25 PM 4: 46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M72653

1. Corporation Name

Ken Parker Pools, Inc.

2. Principal Office Address - No P.O. Box #

8898 SE Sharon St.

3. Mailing Office Address

8898 SE Sharon St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hobe Sound FL

City & State

Hobe Sound FL

Zip

33455

Country

USA

Zip

33455

Country

USA

300161054853

09/25/09--01050--009 **2850.00

CR2E081 (12/08)

REINSTATEMENT

95-09

4. Date Incorporated or Qualified
To Do Business in Florida 03/14/1988

5. FEI Number
650038937

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

H. Kenneth Parker, Jr.

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

8898 SE Sharon St.

Suite, Apt. #, Etc.

City

Hobe Sound

State

FL

Zip Code

33455

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

H. Kenneth Parker, Jr.

REGISTERED AGENT MUST SIGN

Date 22 SEP 2009

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
DPS	H. Kenneth Parker, Jr.	8898 SE Sharon St.	Hobe Sound FL 33455

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:

H. Kenneth Parker, Jr.

H. Kenneth Parker, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 SEP 2009 772-285-2346

Date

Daytime Phone #