

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 16 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

300030502803
03/16/04--01018--008 **297.50

DOCUMENT # N02000006568

1. Corporation Name

Parental Walk Owners Association, Inc.

2. Principal Office Address
752 New Wales Lane

Suite, Apt. #, etc.

City & State
St. Augustine, Fl.

Zip
32092

Country
USA

3. Mailing Office Address
752 New Wales Lane

Suite, Apt. #, etc.

City & State
St. Augustine, Fl.

Zip
32092

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 08/26/2002

5. FEI Number
None

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
Terry Scott Dennis

Street Address (P.O. Box Number is Not Acceptable)
752 New Wales Lane

Suite, Apt. #, Etc.

City
St. Augustine

State
FL

Zip Code
32092

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**

Date 03/08/04

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 |
|--------|--------------------------------------|---|--------------------------|
| D | Terry Scott Dennis | 752 New Wales Lane | St. Augustine, Fl. 32092 |
| D | Wendy M. Dennis | 752 New Wales Lane | St. Augustine, Fl. 32092 |
| D | Michael Trace Barrow | 6542 Heckscher Drive | Jacksonville, Fl. 32226 |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-04

Date

904-219-6067

Daytime Phone #

CR2E081 (01/04)