

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 NOV 17 AM 11:00

DOCUMENT # N06000002515

1. Corporation Name

Metro Parkway Medical Park Owners' Association,  
Inc.

*REINSTATEMENT 07-08*

800137072968  
10/20/08--01048--008 \*\*237.50  
CR2E081 (10/08)

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

2780 Cleveland Ave.

Suite, Apt. #, etc.

Suite 459, Legal Dept.

City & State

Fort Myers, FL

Zip

33901

Country

U.S.A.

3. Mailing Office Address

2780 Cleveland Ave.

Suite, Apt. #, etc.

Suite 459, Legal Dept.

City & State

Fort Myers, FL

Zip

33901

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

03/06/06

5. FEI Number

20-4463480

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☐ 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 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Marie Edwards*

Marie Edwards Asst. Secretary

Date

11/4/08

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
DP	Doug Luckett	2780 Cleveland Ave, #459	Fort Myers, FL 33901
DT	Barb Melby	2780 Cleveland Ave, #459	Fort Myers, FL 33901
DS	Alex Greenwood	2780 Cleveland Ave, #459	Fort Myers, FL 33901

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:

*Doug Luckett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-30-2008

Date

239.759.8430

Daytime Phone #