

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

99 MAY -4 AM 10:26

Read Instructions on Other Side Before Making Entries  
**Make Check Payable To: Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT # N12377**  
**PARKVIEW AT PEMBROKE POINTE CONDOMINIUM ASSOCIATION, INC.**  
Centennial Tower  
101 Marietta Street  
Suite #3600  
Atlanta, GA 30303

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address \_\_\_\_\_  
City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. If Principle Office Address is different from mailing address, enter address below:

Address \_\_\_\_\_  
City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. Date Incorporated or Qualified To Do Business in Florida  
**12/4/85**

5. FEI Number  
**# 58-2463654**

FEI Number Applied For \_\_\_\_\_  
FEI Number Not Applicable \_\_\_\_\_

6. **\$8.75 Additional Fee required for a Certificate of Status**  
CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P	Mark A. Griffith	101 Marietta Street, #3600	Atlanta, GA 30303
D/VP	Mark T. Briggs	101 Marietta Street, #3600	Atlanta, GA 30303
D/S/T	Lynn Fields	101 Marietta Street, #3600	Atlanta, GA 30303

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**REGISTERED AGENT INFORMATION**

8. Name and Address of Current Registered Agent

**KT&S Registered Agent Corporation**  
100 S.E. 2nd Street  
28th Floor  
Miami, FL 33131

9. If changed, new registered agent / office  
Name \_\_\_\_\_

Street Address (Do NOT Use P.O. Box Number) \_\_\_\_\_

Street Address (Do NOT Use P.O. Box Number) \_\_\_\_\_

City \_\_\_\_\_ State **FL** Zip \_\_\_\_\_

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 *Michael Kosnitzky*  
**Michael Kosnitzky, REGISTERED AGENT MUST SIGN President**

Date **4/30/99**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☒ (See other side for additional information)

12. 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)

13. I certify that I am an officer or director of the corporation and that 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 of Officer or Director *MARK A. Griffith*  
**MARK A. Griffith**

Date **4/30/99**

Daytime Phone # \_\_\_\_\_

CR12000 (6/92)