

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21273

1. Corporation Name

Parkside Colony, Inc.

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

24701 US Hwy 19 N

3. Mailing Office Address

24701 US Hwy 19 N

Suite, Apt. #, etc.

Ste 102

Suite, Apt. #, etc.

Ste 102

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33763

Country

USA

Zip

33763

Country

USA

7. Name and Address of Current Registered Agent

Name

Ameri-Tech Realty, Inc.

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

24701 US Hwy 19 N

Suite, Apt. #, Etc.

Ste. 102

City

Clearwater

State

FL

Zip Code

33763

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

REGISTERED AGENT MUST SIGN

Date

3/21/11

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
P	Scott Cannell	108 Parkside Colony Drive	Tarpon Springs, FL 34689
VP	Gen Haley	123 Parkside Colony Drive	Tarpon Springs, FL 34689
S	Iris Long	106 Parkside Colony Drive	Tarpon Springs, FL 34689
T	Bud Margon	120 Parkside Colony Drive	Tarpon Springs, FL 34689
D	Mary McGinniss	105 Parkside Colony Drive	Tarpon Springs, FL 34689

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Scott Cannell (PRES) PARKSIDE COLONY 1404

3-21-11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

11 APR -8 AM 9:28

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

600201054376
04/08/11--01056--004 **271.25

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2874916

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

KAP
4/11