

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1042

CORPORATION



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUL 30 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1734406

1. Corporation Name

PARKWAY PROFESSIONAL CENTER CONDOMINIUM
ASSOCIATION, INC.

2. Principal Office Address

4750 Oakes Road

3. Mailing Office Address

4750 Oakes Road

Suite, Apt. #, etc.

Suite M

Suite, Apt. #, etc.

Suite M

City & State

Davie, FL

City & State

Davie, FL

Zip

33314

Country

USA

Zip

33314

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/28/89

5. FEI Number

65-0163066

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

DAVID F. LEVY

500004533755-2

-08/14/01--01040--010

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

4750 Oakes Road

****183.75 ****183.75

Suite, Apt. #, Etc.

Suite M

City

Davie

State
FL

Zip Code

33314

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 7/3/01

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/P	David F. Levy	4750 Oakes Road, Ste. M	Davie, FL 33314
D/VP	Robert Fields	3220 Douglas Road	Miramar, FL
D	Luciene S. Levy	4750 OAKES RD., SUITE M	DAVIE, FL 33314

99-0163066 78

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

7/3/01

Date

(954) 581-5445

Daytime Phone #

CR2E081 (9/00)

**PARKWAY PROFESSIONAL CENTER CONDOMINIUM
ASSOCIATION**

4750 Oakes Rd., Suite M
Davie, FL 33314
Phone: (954) 581-5445
Fax: (954) 581-5955
dflevy@aol.com

July 3, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

I am writing to state the fact that, I have attached an application for reinstatement of Parkway Professional Center Condominium Association, Inc.

Due to the fact that I never received any notice of filing I am hereby requesting in fairness that the fees be waived.

I have attached a check in the amount of \$183.75 as per the required fee to reinstate a corporation.

Sincerely,



David F. Levy
President