

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAY -8 AM 11:35

SECRETAR  
TALLAHASSEE

DATE  
FILED

DOCUMENT # N94000004531

1. Corporation Name

PARKWAY CENTER PROPERTY OWNERS  
ASSOCIATION, INC.

2. Principal Office Address

9 KNOTWOOD LANE

Suite, Apt. #, etc.

City & State

HOMOSASSA, FL

Zip

34446

Country

3. Mailing Office Address

9 KNOTWOOD LANE

Suite, Apt. #, etc.

City & State

HOMOSASSA, FL

Zip

34446

Country

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

9/12/1994

5. FEI Number

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

SALVATORE CINA

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

9 KNOTWOOD LANE

Suite, Apt. #, Etc.

City

HOMOSASSA

State

FL

Zip Code

34446

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

*Salvatore Cina*

REGISTERED AGENT MUST SIGN

Date 5/3/2006

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	SALVATORE CINA	9 KNOTWOOD LANE	HOMOSASSA, FL 34446
D	THOMAS L. GRANT	8204 HOLLY CREST DRIVE	CHATTANOOGA TN 37421
D	ALAN MONIZ	5590 GOLDEN GATE PARKWAY	NATLES, FL 34116
D	BRAOLEY T. DAMICO	2121 COUNTY RD 951	GOLDEN GATE, FL 34116

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:

*Salvatore Cina*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/06

Date

352-382-7552

Daytime Phone #