

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 JUN -5 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N96000005719**

1. Corporation Name

Parker Place Homeowner's Association, Inc.

2. Principal Office Address

9506 Parker Place Dr.

Suite, Apt. #, etc.

City & State

Navarre, FL

Zip

32566

Country

USA

3. Mailing Office Address

9506 Parker Place Dr.

Suite, Apt. #, etc.

City & State

Navarre, FL

Zip

32566

Country

USA

**REINSTATEMENT**

CR2E081 (12/05)

03-06

4. Date Incorporated or Qualified  
To Do Business in Florida

11/05/1996

5. FEI Number

59-3443745

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

Bordelon & Schultz Law Firm, P.L.

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

2721 Gulf Breeze Parkway

Suite, Apt. #, Etc.

City

Gulf Breeze

State

FL

Zip Code

32563

400076205254

06/14/06--01042--017 \*\*8.75

100076205281

06/14/06--01042--018 \*\*420.00

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

*[Signature]*

Date 5-30-06

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
PD	John Caffery	9506 Parker Place Drive	Navarre, FL 32566
VD	Walter Goss	9502 Parker Place Drive	Navarre, FL 32566
STD	Amy Sanders	9567 Parker Place Drive	Navarre, FL 32566

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:

*[Signature]* JOHN CAFFERY

MAY 30 2006

Date

Daytime Phone #

B. Mitchell JUN 9 2006