PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
17 NOV 28 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/28/17--01042--003 **461.25

CR2E081 (11/10)

DOCUMENT #

1. Corporation Name
PARKFIELD ESTATES HOME OWNERS ASSOC, INC
N98000002276

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6705 52 WAY	6705 52 WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PINELLAS PARK FL	City & State: PINELLAS PARK FL
Zip: 33781 Country: USA	Zip: 33781 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1998

5. FEI Number: 59-3548312 ☐ 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: CHERI KOVALSEV - PRESIDENT
Street Address (P.O. Box Number is Not Acceptable): 6705 52 WAY
Suite, Apt. #, Etc.:
City: PINELLAS PARK State: FL Zip Code: 33781

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: CKovalsev Date: 11/1/2017
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
P	CHERI KOVALSEV D	6705 52 WAY	PINELLAS PARK FL 33781
V	ROBERT BOERKER D	6605 52 WAY	PINELLAS PARK FL 33781
T/S	TRACY WEICHMAN D	6692 52 LANE	PINELLAS PARK FL 33781

10. E-mail Address: PARKFIELD-ESTATES-HOA@GMAIL.COM
(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 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. 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: CKovalsev
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 11/01/2017 Daytime Phone #