

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 JUL 16 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **1799000007022**

**1. Corporation Name**

**People for Parks Inc**

**2. Principal Office Address**

**3200 South Fletcher**

Suite, Apt. #, etc.

**D3**

City & State

**Fernandina Beach FL**

Zip

**32034**

Country

**USA**

**3. Mailing Office Address**

**3200 South Fletcher**

Suite, Apt. #, etc.

**D3**

City & State

**Fernandina Beach FL**

Zip

**32034**

Country

**USA**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**Nov 29, 1999**

**5. FEI Number**

**59-3611578**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

**Name and Address of Current Registered Agent**

Name

**Kenneth R. Walters**

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

**2862 Park Sq Place**

Suite, Apt. #, Etc.

City

**Fernandina Beach FL 32034**

State

**FL**

Zip Code

**32034**

**500004495745-9**

**07/25/01-01075-012**

**\*\*\*\*297.50 \*\*\*\*297.50**

**REINSTATEMENT 99-01**

**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

**Kenneth R. Walters**

REGISTERED AGENT MUST SIGN

Date

**July June 20, 2001**

**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
<b>Pres</b>	<b>Ernie Albert</b>	<b>D 612 S 11th Street</b>	<b>Fernandina Beach FL 32034</b>
<b>D</b>	<b>Maxxi Fotopoulos</b>	<b>D 1179 S. Fletcher</b>	<b>" "</b>
<b>D</b>	<b>gery close</b>	<b>D 241 Marsh Lane Dwe</b>	<b>" "</b>
<b>D</b>	<b>R Haley</b>	<b>D 511 Ash St Street</b>	<b>" "</b>
<b>Sec</b>	<b>DElen L. Colborn</b>	<b>D 3200 S Fletcher D3</b>	<b>" "</b>
<b>D</b>	<b>gery close</b>	<b>D 241 Marsh Lane Dwe</b>	<b>" "</b>

**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:

**Elen R. Colborn**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**June 26, 2001**

Daytime Phone #

**262-2001**