

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

02 NOV 27 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000005658

1. Corporation Name

PARROT-DISE, INC.

600009239406  
11/27/02--01040--008 \*\*\*750.00

**REINSTATEMENT 02**

2. Principal Office Address

3448 Marianatown

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Ft. Myers, FL

City & State

Zip

33903

Country

Lee

Zip

33903

Country

4. Date Incorporated or Qualified

To Do Business in Florida 1-12-01

5. FEI Number

65-1080314

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

Bradley S. Fosberg

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

3448 Marianatown Lane

Suite, Apt. #, Etc.

City

North Ft. Myers

State

FL

Zip Code

33903

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

*Bradley S. Fosberg*  
REGISTERED AGENT MUST SIGN

Date

11-21-02

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+D	Bradley S. Fosberg	3448 Marianatown Lane	North Ft. Myers, FL 33903

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:

*Bradley S. Fosberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-21-02

941-997-8300

Daytime Phone #

CR2E081 (9/01)

12/4/02