

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P01000026199**

1. Corporation Name

**PARKWOOD ESTATES, INC.**

2. Principal Office Address

**1835 NW 112TH AVE**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**CORAL SPRINGS, FL**

Zip

Country

**33071**

**USA**

City & State

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

**3/13/2001**

5. FEI Number

**65-1085136**

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

**ARTHUR R. ROSENBERG**

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

**4875 N. FEDERAL HWY, 7TH FLOOR**

Suite, Apt. #, Etc.

City

**FT. LAUDERDALE**

State

**FL**

Zip Code

**33308**

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

*Arthur R. Rosenberg*

Date

**4/5/05**

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
<b>PSTT</b>	<b>PETER TREMATERRA</b>	<b>1835 NW 124TH AVE</b>	<b>CORAL SPRINGS, FL 33071</b>
<b>VP</b>	<b>SCOTT E. HOLL</b>	<b>12389 SW 1ST STREET</b>	<b>CORAL SPRINGS, FL 33071</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:

*Peter Trematerra*

**PETER TREMATERRA**

Date

**4/5/05**

Daytime Phone #

**954-752-5555**

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**PARKWOOD**

**PARKWOOD ESTATES, INC.**

10277 West Sample Road  
Coral Springs, Florida 33065  
(954) 752-5555 / FAX (954) 752-8353  
email: parkwoodlanddev@bellsouth.net

April 05, 2005

Florida Department of State  
Division of Corporations  
Tallahassee, FL 32314

Re: Corporation Reinstatement, Parkwood Estates, Inc., EIN# 65-1085136

To whom it may concern:

It was recently brought to my attention that the aforementioned corporation had been administratively dissolved for lack of filing the Annual Report. It was not my intent to have this corporation inactive and was completely an oversight on my part. Shortly after my last filing financial situations forced a move to a new location. During these tenuous times I neglected to forward your department a change of address which resulted in me not receiving your annual correspondence alerting me of the required report. Again, this situation occurred solely on actions, or lack of thereof, on my part. Enclosed are my checks of \$150.00 for 2004 and 2005 in the hope that in these financially difficult times you will find this amount acceptable to re activate Parkwood Estates. If you require any further information please feel free to contact me at the numbers listed above. Your assistance in the above matter is extremely appreciated.

Sincerely,  
PARKWOOD ESTATES, INC.

*Peter J. Trematerra, Pres.*

Peter J. Trematerra  
President