

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2

APPLICATION
02 USA
REINSTATEMENT



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

FILED

02 NOV 13 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000096693

1. Corporation Name

PARKWAY HOUSING OF GEORGIA, INC.

Principal Place of Business

RT 1 BOX 20
MONTICELLO FL 32344

Mailing Address

RT 1 BOX 20
MONTICELLO FL 32344



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2072 S. Jefferson

3. New Mailing Office Address, If Applicable

P.O. Box 627

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3756242

Applied For

Not Applicable

City & State

Monticello FL

City & State

Monticello FL

Zip

32344 Jefferson

Zip

32345 Jefferson

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	WILSON, CHRISTOPHER L	RT 1 BOX 20	MONTICELLO FL 32344
VSD	BALDWIN, ROBERT D	116 W TENTH ST	TIFTON GA 31794

600008696556
10/30/02--01043--014 **150.00

8. Name and Address of Current Registered Agent

REICHMAN, MICHAEL A
380 N JEFFERSON ST
MONTICELLO FL 32344

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/23/02

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., 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/03/02

Daytime Phone #

CR2E040 (8/02)

PARKWAY HOUSING OF GEORGIA, INC.

**P.O. Box 627
Monticello, FL 32345
(850) 997-3033**

October 23, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement of Corporate Status

Dear Gentlemen:

I request that the reinstatement fee for our corporation be waived. The Corporation did not received the two prior UBR notices because of confusion due to the change of all county wide rural route addresses to 911 addresses which occurred this year. I am enclosing a completed application for reinstatement and a check for \$150.00 to pay the filing fee.

Thank you for your consideration of our request.

PARKWAY HOUSING OF GEORGIA, INC.



By: CHRISTOPHER L. WILSON

President