

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2

APPLICATION
ORUSA
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

Mailing Address

RT 1 BOX 20
MONTICELLO FL 32344

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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/04/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3756242

Not Applicable

Zip

Country

Zip

Country

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

9. Name and Address of New Registered Agent

REICHMAN, MICHAEL A
380 N JEFFERSON ST
MONTICELLO FL 32344

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

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 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