

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 3: 08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000041455

1. Corporation Name

PARKLAND FORESTRY INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

6884 NW 126TH AVENUE  
PARKLAND FL 33076

6884 NW 126TH AVENUE  
PARKLAND FL 33076

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/17/2002

5. FEI Number

04-3646951

Applied For

Not Applicable

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
PD	NOBLE, MICHAEL	6884 NW 126TH AVENUE	PARKLAND FL 33076

REINSTATEMENT

8. Name and Address of Current Registered Agent

STEINBERG, PAUL B ESQ  
767 ARTHUR GODFREY ROAD  
MIAMI BEACH FL 33140-3413

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  
REGISTERED AGENT MUST SIGN

Date

10/14/03

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:

*Michael Noble*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-863 954-3459691

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October 10, 2003

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

REF: Document Number P02000041455

To Whom It May Concern:

Please find enclosed a check in the amount of \$150.00 and an application for reinstatement form for Parkland Forestry International, Inc. We did not realize that the original application had not been received.

Thank you in advance for your assistance in helping us correct this oversight.

Sincerely,

*For*  
*Michael S. Noble*

Michael S. Noble  
President  
Parkland Forestry International, Inc.