

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

09 NOV -5 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 02000105751

1. Corporation Name

Parker & Associates, P.A.

2. Principal Office Address - No P.O. Box #
108 Hillcrest Street

3. Mailing Office Address
108 Hillcrest Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando

City & State
Orlando

Zip Country
FL US

Zip Country
FL US

4. Date Incorporated or Qualified
To Do Business in Florida 09/26/2002

5. FEI Number
010745853

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
H. Clay Parker

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

Suite, Apt. #, Etc.

City
Orlando

State Zip Code
FL 32801

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

H. Clay Parker

Date 11/2/09

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
P	H. Clay Parker	108 Hillcrest Street	Orlando/FL/ 32801

11/03/09--01044--001 **150.00
500162547829
11/05/09 01044 001 **150.00

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 contained in Chapter 119, 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:

H. Clay Parker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/09

Date

407-894-8440

Daytime Phone #

11/5/09