PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P02000117951 DOCUMENT #

1. Corporation Name

THE PARKWOOD COMPANY

Principal Place of Business

Mailing Address

2020 NORTH ORANGE AVENUE

2020 NORTH ORANGE AVENUE

FILED 04 JUL 23 PM 12: 56

SECRETARY OF STATE TALLAHASSEE, FLORIDA

. 1884/1887 (I) 1891/8 (1917) 1894/1 986/4 1896/1 516/1 516/1 516/1 516/1 516/1 516/1 516/1 516/1 516/1 516/1

| ORLANDO FL 32804 | | | ORLANDO FL 32804 | | | 1 130/1001 1/1 46/14 1/1/10 1/1/10 10/14 10/14 10/14 10/14 10/14 10/14 10/14 10/14 10/14 10/14 10/14 10/14 10/14 | | | | |
|---|---------------|--------------------|---------------------|-------------------------------------|--|--|--|--------------------------------|--|-----------------------|
| us us | | | | | | | REMSTATEMENT 63=04. | | | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | | | | | | | | <u> </u> |
| NIA | | | | iling Office Address, If Applicable | | | 4. Date incorporated or Qualified To Do Business in Florida | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, 6 | Suite, Apt. #, etc. | | | 5. FEI Number | <u> </u> | | 7 | |
| City & State | | | City & State | | | | | Applied For Not Applicable | | |
| Zip Country | | ntry | Zip Countr | | Country | | 6. CERTIFICATE OF STATUS DESIRED S8.75 Additition for a Certification for a Certific | | tional Fee required tificate of Status | |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | | | | | | | | |
| Title(s) Name of Officers and/or Directors | | | | | | eet Address of Each icer and/or Director | | City / State / Zip | | , |
| P | Cynthio | _ F. Bru | mback | | a Ayr | shire | st. <u> </u> | Orlando | FL | 32803 |
| | | | | | | ť | 07 | 400039 4 /23/0401009 | 1456 004 | 44 **300.00 |
| | 8 Name and | Addrage of Current | Registered Age | nt | | | 9 Name and | Address of New Regist | ared Agent | |
| 8. Name and Address of Current Registered Agent Name | | | | | | | 9. Name and Address of New Registered Agent | | | |
| | | | | | | NIA | - | | | |
| BRUMBACK, CYNTHIA F MS | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 1232 AYRSHIRE STREET ORLANDO FL 32803 | | | | | Suite, Apt. #, Etc. | | | | | |
| | | | | | | City State 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 Registered | of d Agent | m thia 2. | EGISTERED AG | LOU ENT MUST | SIGN | RED | | Date | oloy | |

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 filling 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