

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 15 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

PO4000029747

1. Corporation Name

PARKER House Apartments INC

2. Principal Office Address - No P.O. Box #

1501 16th ST N.

Suite, Apt. #, etc.

3. Mailing Office Address

9127 117th ST

Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL

Zip

33704

Country

US

City & State

Richmond Hills Queens NY

Zip

11418-3114

Country

US

REINSTATEMENT

CRZE001 (1/07)

0507

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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

MICHAEL INCAVILLO

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

6822 22nd AVE N.

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33710

☒ 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

Date

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 |
|--------------|--------------------------------------|---|--|
| Pres. | OMAR, Bibi | 9127 117 ST | Richmond Hills Queens NY 11418 3714 |
| Secy | OMAR, SHEIK | 9127 117 ST | Richmond Hills Queens NY 11418 3714 |
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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:

Sheik Omar Bibi Omar Michael Incaivillo Power Attorney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K. Eckel MAR 15 2007