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2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
08 JAN -7 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000082683

1. Entity Name
DOUGLAS PARKS, P.A.

REINSTATEMENT 07-08

Principal Place of Business	Mailing Address
19 N. BLVD., SUITE 520 SARASOTA, FL 34236	19 N. BLVD., SUITE 520 SARASOTA, FL 34236

02262007 Chg-P CR2E034 (12/06)

2. Principal Place of Business No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 20-5062513 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COMPTON, JOHN M
19 N. BLVD., SUITE 520
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARKS, DOUGLAS 19 N. BLVD., SUITE 520 SARASOTA, FL 34236	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700115395447 01/17/08--01027--014 **300.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas Parks, Douglas Parks, P.A. 12/18/07 941-400-9087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JC 1/7

Date: January 3, 2008

To: Tina Cauley
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

From: Douglas Parks
19 N. Blvd. of Presidents
Suite 520
Sarasota, FL 34236

Subject: **Douglas Parks, P.A. - Documents # P06000082683**

This is a follow up to our phone conversation regarding the renewal of my 2007 Annual Report for my P. A. account. As I indicated, in March 2007 I sent in the Annual Report, but was unaware it was not filed. Therefore, it would be greatly appreciated if you could request waiver of the $600 reinstatement fee.

I have enclosed a check in the amount of $300, payable to the Florida Dept. of State.

Again, your understanding will be much appreciated.

If you have any questions, please do not hesitate to contact me at 941-400-9087.

Sincerely,

Douglas E. Parks
% Douglas Parks, P. A.