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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.



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

Mailing Address
19 N. BLVD., SUITE 520
SARASOTA, FL 34236

REINSTATEMENT 07-08



2. Principal Place of Business (No P.O. Box #)

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02262007 Chg-P CR2E034 (12/06)

4. FEI Number

30-5062513

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature of Current Registered Agent (Required for all registrations)

Signature of Registered Agent (Required for all registrations)

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 11

TITLE PD
NAME PARKS, DOUGLAS
STREET ADDRESS 19 N. BLVD., SUITE 520
CITY-STATE-ZIP SARASOTA, FL 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition
700115395447
01/17/08--01027--014 ***300.00

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
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CITY-STATE-ZIP ☐ Change ☐ Addition

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CITY-STATE-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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 registrant 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 empowerments.

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

Signature Number

PC 1/7

Page 2 of 2

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**

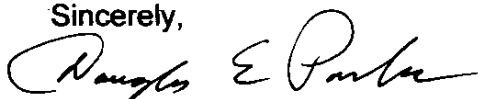
This is a follow up to our phone conversation regarding the renewal of my 2007 Annual Report for my P. A. account. As I indicated, in March 2007 I sent in the Annual Report, but was unaware it was not filed. Therefore, it would be greatly appreciated if you could request waiver of the \$600 reinstatement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