PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 629-2185

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC -5 PM 12:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000048261

1 Corporation Name

PARKER, MCGUIRE, BURKE, LANDERMAN & PARKER, P.A

Principal Place of Business	Mailing Address
108 E HILLCREST ST ~~SUITE 515~~ ORLANDO FL 32801 US	P O BOX 2867 ~~SUITE 515~~ ORLANDO FL 32802 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96cw

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
108 E. HILLCREST ST.	108 E. HILLCREST ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32801 Country: USA	Zip: 32801 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 07/01/1993

5. FEI Number: 59-3189211 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	PARKER, E C	108 E. HILLCREST ST.	ORLANDO FL 32801
D	BURKE, PAMELA	108 E. HILLCREST ST.	ORLANDO FL 32801
~~D~~	~~GOODWIN, DAVID~~	~~108 E. HILLCREST ST.~~	~~ORLANDO FL 32801~~
D	LANDERMAN, ALAN J.	108 E. HILLCREST ST.	ORLANDO, FL 32801
D	PARKER, H C	108 E. HILLCREST ST.	ORLANDO FL 32801
D	MCGUIRE, JOSEPH	108 E. HILLCREST ST.	ORLANDO FL 32801
~~D~~	~~BABCOCK, MARK CC~~	~~108 E HILLCREST ST~~	~~ORLANDO FL 32801~~

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
PARKER, E. C 108 E HILLCREST STREET ~~SUITE 515~~ ORLANDO FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State / Zip Code

CR2E040 (7/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0501, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN

000002022288--3
-12/06/96--01067--014
****375.00 ****375.00

Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: [signature] REGISTERED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/96 Date

407-425-4910 Daytime Phone #

0013487 AP