

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUN -1 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000087900**

1. Corporation Name

PARNASSIA, INC.

2. Principal Office Address

371 19th Street

Suite, Apt. #, etc.

City & State

Atlantic Beach, FL

Zip

32233

Country

USA

3. Mailing Office Address

371 19th Street

Suite, Apt. #, etc.

City & State

Atlantic Beach, FL

Zip

32233

Country

USA

REINSTATEMENT

0305

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/27/1993

5. FEI Number

593232192

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

Reto J. Schneider

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

371 19th Street

Suite, Apt. #, Etc.

City

Atlantic Beach

State

FL

Zip Code

32233

900055970929

06/09/05--01035--008 **1058.75

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

5/27/2004

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
VST	Reto J. Schneider	371 19th Street	Atlantic Beach, FL 32233
DP	Robert Mattson	371 19th Street	Atlantic Beach, FL 32233

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 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:

Reto J. Schneider

Reto J. Schneider

5/27/2005

(904) 247-5268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)