

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN 20 10:57

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # 795000020439

1. Corporation Name

Park Trading Company, Inc.
401 West South Park Road
Okeechobee, Florida

2. Principal Office Address
same

Suite, Apt. #, etc.

401 W. South Park Rd.

City & State

Okeechobee FL

Zip

FL

Country

US

3. Mailing Office Address
same

Suite, Apt. #, etc.

City & State

Zip

Country

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

8/1999

5. FEI Number

650573654

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-05

7. Name and Address of Current Registered Agent

Name

Michael Brown

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

2472 N.E. 6 Street

Suite, Apt. #, Etc.

City

Okeechobee

State

FL

Zip Code

34972

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

6-16-05

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.	Michael Brown	2472 N.E. 6 St.	Okeechobee, FL 34972
V.P.	Martin Brown	2472 N.E. 6 Street	Okeechobee, FL 34972

000056308840

06/17/05-01064-002 ***1658.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

6-16-05/863 447
6596