PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PASE IST

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000073242

₩illiam D. Bertke

Street Offices St. Box (Numbers Not Acceptable)

1. Corporation Name

Executive Park Inc.

FILED 2006 HOV -1 PH 12: 01

SECRETARY TALLAHASSEE, FLORIDA

2 Principal Office Address 1890 S 14th St.		3. Mailing Office Address Same as 2.		CR2E081 (12/05) 4. Date Incorporated or Qualified To Do Business in Florida 9-20-1995		
Stê. *305		Suite, Apt. #, etc.				
City & State Amelia Island		City & State		5. 59-3345533		Applied For
^{Zip} 32034-4742	Country USA - Nassau County	Zip	Country	6. CERTIFICATE OF STATUS DESIRED S		tional Fee required
		7. Na	me and Address of Current I	Registered Agent		

	Amelia Island		FL 32034-4742		
8. I, being	appointed the registered agent of the above named corpo	oration, am familiar with and accept the obligations of sections			
Signature o Registered	f AgentREGISTERED AG	Date 10-16-2006			
9. Names	s and Street Addresses of Each Officer and/or Director (Flo	orida 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		
D	Kristine D. Dollar	1890 S 14th St -Ste. 305	Amelia-Island, FI-32034		
Ը	William D. Bertke	1890 S 14th St -Ste 305	Amelia Island, FI 32034		
		11/01.	0081416856 08-01013010 **299.00		

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 contained in Chapter 119, 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:

William D. Bertke
ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-2006

904-583-2756

Daytime Phone #





October 16, 2006

Department of State Division of Corporations P O Box 6327 Tallahassee, Fl 32314

Re: Executive Park Inc. - Corporation Reinstatement

Dear Ladies/Gentlemen:

I respectfully request waiver of the \$600.00 reinstatement fee for the following reasons:

- 1) To the best of my knowledge, the Corporation did not receive the annual report notices in the year 2005. I am the sole person operating the Corporation. In February 2005 I was diagnosed with severe heart problems, which caused me to have open heart surgery in November 2005. During this year I had to rely on part-time assistance which did not work out very well. Also, I had my mail forwarded to my home when I was confined to the home during my recovery. This also resulted in problems with my receiving my mail as some of the mail was never delivered. I have had serious problems with my recovery and currently require substantial medical care.
- 2) Executive Park Inc. has been a corporation in good standing in the state of Florida since 1995.
- 3) I am operating this Corporation by myself in order to reduce costs and the \$600.00 represents a significant cost.

Enclosed is a check in the amount of \$ 299.00 representing the annual report fee for the years 2005 and 2006 (\$ 122.50) and the corporate supplemental fee for these two years (\$ 176.50)

Thank you in advance for your consideration.

Sincerely,

William D. Bertke

President