

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000090282

1. Corporation Name  
Donna L. Parker Interiors, Inc.

Principal Place of Business Mailing Address  
923 Sweetwater Lane 923 Sweetwater Lane  
Boca Raton, FL 33431 Boca Raton, FL 33431

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

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 11/28/95  
5. FEI Number 65-0637604  
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	Donna L. Parker	923 Sweetwater Lane	Boca Raton, FL 33431
VPD	Edwin W. Parker	923 Sweetwater Lane	Boca Raton, FL 33431
			300003077793--9 -12/22/99--01047--00%
			***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

Donna L. Parker  
923 Sweetwater Lane  
Boca Raton, FL 33431

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Donna L. Parker

REGISTERED AGENT MUST SIGN

Date 12/11/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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:

Donna L. Parker  
Donna L. Parker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 1999 561-417-5026

Date Daytime Phone #

12/11/99

FILED

99 DEC 16 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

97-99

CR2001 (12/98)