

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

99 DEC 20 PM 2:50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # PA10000034310
1. Corporation Name Park Company Inc.

Principal Place of Business Mailing Address
1310 W. Colonial Dr.
Ste. 17
Orlando, FL 32804

REINSTATEMENT 97-99

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 4. Date Incorporated or Qualified To Do Business in Florida 1996 5. FEI Number 59-3375957 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED [X] \$6.75 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
President	Ronald G Peck Jr.	3355 Lakeview Oaks Dr. Longwood, FL 32779	Longwood, FL 32779
			100003082481--6 -12/29/99-01008-018 ***1058.75 ***1058.75
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

8. Name and Address of Current Registered Agent: Cliff Hooper, 145 S. Westmonte Dr., Altamonte Springs FL.
9. Name and Address of New Registered Agent: John David Kline, 3583 Barona Ave, Titusville, FL 32780

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: J. David Kline REGISTERED AGENT MUST SIGN Date: _____

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: [Signature] 12.15.99 407-839-086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #