

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 22 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000034310

1. Corporation Name

Park & Company Inc.

2. Principal Office Address

2809 E. Jackson St

3. Mailing Office Address

3355 Lakeview Oaks Dr

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Longwood, FL

Zip

32804

Country

USA

Zip

32779

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1996

5. FEI Number

593375957

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT *a-03*

7. Name and Address of Current Registered Agent

Name

Ronald G Park

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

3355 Lakeview Oaks Dr

800024013318

10/22/03--01048--012 **1201.75

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32779

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

10-16-03

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
p/s/j	Ronald G Park Jr	3355 Lakeview Oaks Dr	Longwood, FL 32779

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

10-16-03

Date

407-252-7985

Daytime Phone #

CR2E081 (10/02)

g 10/17