


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 182

**APPLICATION FOR REINSTATEMENT**



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

**DOCUMENT # P96000080238**


1. Corporation Name  
**PARK VALLEY CREEK, INC.**

Principal Place of Business	Mailing Address
13911 BACK BEACH ROAD, UNIT 247 PANAMA CITY BEACH FL 32413	13911 BACK BEACH ROAD, UNIT 247 PANAMA CITY BEACH FL 32413

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

**FILED**  
 00 DEC 15 PM 1:34  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



4. Date Incorporated or Qualified To Do Business in Florida	09/26/1996
5. FEI Number	NOT APPLICABLE
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	HARRIMAN, JOAN	13911 BACK BEACH ROAD, UNIT 247	PANAMA CITY BEACH FL 32413

8. Name and Address of Current Registered Agent

HARRIMAN, JOAN  
 13911 BACK BEACH RD.  
 #247  
 PANAMA CITY BEACH FL 32413

9. Name and Address of New Registered Agent

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

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 SIGNATURE REQUIRED Date 12-5-2000  
 REGISTERED AGENT MUST SIGN

11. 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 REQUIRED Date 12-5-2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 JOAN HARRIMAN Daytime Phone # \_\_\_\_\_

CR2E040 (8/00)

DEC 15, 2000

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DIVISION OF CORPORATIONS  
ANNUAL REPORT  
P.O. BOX 6327  
TALLAHASSEE, FLA. 32314-6327  
ATTN: SHAWN

ENCLOSED IS MY M.O. FOR \$150 AS I DID  
NOT RECEIVE ANY PRIOR NOTICES.

THANK YOU SO MUCH FOR YOUR ATTENTION TO  
THIS MATTER AND I HOPE YOU HAVE A VERY  
NICE HOLIDAY.

SINCERELY,

*Joan Horvath*

PARK VALLEY CREEK  
13911 BACK BEACH RD, #207  
PANAMA CITY BEACH, FLA.  
32413