


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000080238**

1. Corporation Name
PARK VALLEY CREEK, INC.

FILED
 04 JAN -6 PM 2:20

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.

REINSTATEMENT

SECRETARY OF STATE
 FLORIDA

03



400026114874
 01/06/04--01019--002 **150.00

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

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

4. Date Incorporated or Qualified To Do Business in Florida
09/26/1996

5. FEI Number
NOT APPLICABLE

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)

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 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. or 617.0505, F.S.

Signature of Registered Agent *Joan Harriman* REGISTERED AGENT MUST SIGN Date 12-31-03

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: *Joan Harriman* Date 12-31-03
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR12E040 (7/03)

12-31-03

Dear Dept. of State,

I never received, nor were they sent to me, the 2 prior Uniform Business reports.

I have enclosed a Money Order for \$150.00 dated 12-31-03 in payment of the filing fee for Park Valley Creek.

Thank You.

Sincerely,

Juan Hernandez