

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAY -6 AM 8:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000011655

1. Corporation Name G. D. Parker, Inc.

2. Principal Office Address  
891 Harbor Dr.

Suite, Apt. #, etc.

City & State  
Key Biscayne, FL

Zip Country  
33149 USA

3. Mailing Office Address  
891 Harbor Dr.

Suite, Apt. #, etc.

City & State  
Key Biscayne  
Florida

Zip Country  
33149 USA

000018304390  
05/06/03--01096--013 \*\*\*1050.00  
**REINSTATEMENT 01-03**

4. Date Incorporated or Qualified  
To Do Business in Florida 2/5/97

5. FEI Number 65-0818455  
Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
Armando E. Locasa

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

Suite, Apt. #, Etc.  
Suite 1900

City State Zip Code  
Miami FL 33131

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 X  
REGISTERED AGENT MUST SIGN

Date

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
D	Genaro Delgado Parker	891 Harbor Dr.	Key Biscayne FL 33149

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: X  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 305/365-9955  
Date Daytime Phone #

CR2001 (10/02)