

PS 182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 DEC 12 AM 9:32
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000084152**

1. Corporation Name

Micah Parker Artworks, Inc.

REINSTATEMENT **05**

2. Principal Office Address

711 S. Osprey Ave.

Suite, Apt. #, etc.

Suite 2

City & State

Sarasota, FL

Zip

34236

Country

US

3. Mailing Office Address

711 S. Osprey Ave.

Suite, Apt. #, etc.

Suite 2

City & State

Sarasota, FL

Zip

34236

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0800154

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Reborns DEC 14 2005
CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

Mindy K. Parker

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

711 S. Osprey Avenue #2

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34236

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

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
VPD	Mindy K. Parker	711 S. Osprey, #2	Sarasota, FL 34236
PD	Micah S. Parker	711 S. Osprey, #2	Sarasota, FL 34236

000062097950
12/12/05--01039--024 **150.00

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

12/16/05

Date

941-554-4074

Daytime Phone #



711 South Osprey Avenue, Suite 2 • Sarasota, FL 34236
Phone: 941-373-0471 • Fax: 941-955-7007 • email: esta@mpartworks.com

December 6, 2005

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Corporation Reinstatement
FEI 65-0800154

To Whom It May Concern:

Enclosed please find our application for Corporation Reinstatement for the year 2005. Also enclosed is our check in the amount of \$150.00 for the annual filing.

We are requesting an exemption for the \$600.00 Reinstatement fee. The 2005 notice was never received. As you will see by the report filed in 2004, you had an incorrect address, which we corrected on that form. Nonetheless, the notice for the 2005 filing was not received.

Additionally, we have moved since that time. Our new correct address is as above, and as on the report filing.

Please contact me if you have any questions or if any further amounts are due.

Sincerely,

A handwritten signature in cursive script that reads 'Mindy K Parker'.

Mindy K. Parker
Vice President/Director
MP Artworks