

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **p970000 94811**

1. Corporation Name

PRO PARK INC.

2. Principal Office Address

2003 MASTERS WAY

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANT CITY

City & State

Zip

33566

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3489216

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

FRANK GODDARD

300018451603
05/07/03--01054--008 *40.00**

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

8959 FIRST AVE NO

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33713

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

7 - JP
REGISTERED AGENT MUST SIGN

Date

4/24/03

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
PRES	STEWART S. ANGEL	2003 MASTERS WAY	PLANT CITY FL 33566
STPD	Mr. Stewart Angel 2003 Masters Way Plant City, FL 33566-0902		

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:

Stewart S. Angel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEWART S. ANGEL

Date

4-24-03 813.7544233

Daytime Phone #

FILED
CLERK OF SUPERIOR COURT
DIVISION OF CORPORATIONS
03 MAY -7 PM 2:31

CR2E081 (10/02)

DEPT OF STATE
DIV. OF CORPORATIONS

430-D3

SOME HOW MY ADDRESS CHANGE DID
NOT GET FORWARDED? ALL THE TAX BILLS
CITY AND COUNTRY AND OTHERWISE WERE
DONE. PER A STAFF PERSON IN TALLAHASSEE
I AM MAILING A NEW REINSTATEMENT OF
MY CORP. ENCLOSED A CHECK FOR
\$450.00 TO MEET THIS REQUEST

THANK YOU
Stewart S Angel

813-754-4233

