

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

01 OCT 16 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000109201**

1. Corporation Name

PARKWAY HOUSING INC.

Principal Place of Business

RT 1 BOX 20
MONTICELLO FL 32344-9733

Mailing Address

RT 1 BOX 20
MONTICELLO FL 32344-9733

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1998

5. FEI Number

59-3496421

Applied For

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
P	WILSON, CHRISTOPHER L	RT 1 BOX 20	MONTICELLO FL 32344
D	WILSON, SAMUEL A	514 CANDLEWOOD LN	CRESTVIEW FL 32539
			400004639634--3 -10/17/01--01018--029 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

WILSON, CHRISTOPHER L
RT 1 BOX 20
MONTICELLO FL 32344-9733

9. Name and Address of New Registered Agent

Name

Michael Reisman

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

380 N. Jefferson St.

Suite, Apt. #, Etc.

City

Monticello

State

FL

Zip Code

32344

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]
REGISTERED AGENT MUST SIGN

Date

10/11/01

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/01 850-997-3033

Daytime Phone #

CR2E040 (8/01)