

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 30 PM 4:06

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

2072 S. Jefferson  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 627  
Suite, Apt. #, etc.

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	WILSON, CHRISTOPHER L	RT 1 BOX 20	MONTICELLO FL 32344
D	WILSON, SAMUEL A	514 CANDLEWOOD LN	CRESTVIEW FL 32539

800008696618

10/30/02--01043--015 \*\*150.00

8. Name and Address of Current Registered Agent

REICHMAN, MICHAEL  
380 N. JEFFERSON ST  
MONTICELLO FL 32344

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2E040 (8/02)

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/23/02

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

Daytime Phone #

10-03-02

**PARKWAY HOUSING, INC.**  
**P.O. Box 627**  
**Monticello, FL 32345**  
**(850) 997-3033**

October 23, 2002

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

**RE: Reinstatement of Corporate Status**

Dear Gentlemen:

I request that the reinstatement fee for our corporation be waived. The Corporation did not received the two prior UBR notices because of confusion due to the change of all county wide rural route addresses to 911 addresses which occurred this year. I am enclosing a completed application for reinstatement and a check for \$150.00 to pay the filing fee.

Thank you for your consideration of our request.

**PARKWAY HOUSING, INC.**

  
By: **CHRISTOPHER L. WILSON**  
President