

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 MAY 28 PM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

09-10

500181489455  
06/01/10--01001--015 \*\*308.75

CR2E081 (4/10)

DOCUMENT # P97000109201

1. Corporation Name

PARKWAY HOUSING INC

2. Principal Office Address - No P.O. Box #

514 Candlewood Lane

Suite, Apt. #, etc

3. Mailing Office Address

P.O. Box 627

Suite, Apt. #, etc.

City & State

Crestview, FLA.

City & State

Monticello, FLA

Zip Country

32539 USA

Country

USA

Zip Country

32345-0627 USA

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

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. Name and Address of Current Registered Agent

Name

CHRISTOPHER L. WILSON

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

514 Candlewood Lane

Suite, Apt. #, Etc

City  
Crestview

State

FL

Zip Code

32539

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

*Ch. Wilson*

REGISTERED AGENT MUST SIGN

Date 5/28/2010

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.	Christopher L. Wilson	514 Candlewood Lane	Crestview, FLA 32539

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

*Ch. Wilson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/2010

Date

Daytime Phone #