

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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

32539

Country

USA

Zip

32345-0627

Country

USA

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

Date

5/28/2010

Daytime Phone #

FILED

10 MAY 28 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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

CR2E081 (4/10)

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

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.