

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB 18 AM 9:19

DOCUMENT # 998000018518

1. Corporation Name

TEAM PARKER, INC

300004991393--9  
-02/22/02--01066--005  
\*\*\*1200.00 \*\*\*1200.00

2. Principal Office Address

1823 OLIVIA Cr

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Apopka, FL

Zip

32703

Country

USA

City & State

Zip

Country

REINSTATEMENT 99-02

4. Date Incorporated or Qualified  
To Do Business in Florida

2/1998

5. FEI Number

59-3493545

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

Peter T. PARKER

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

1823 OLIVIA Cr

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32703

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 2-16-02

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	Peter T. PARKER	1823 OLIVIA Cr	Apopka, FL 32703
VP	John C. PARKER	3225 Helen AVE	College Park, FL 32804
Sec	SANDY MARTINDALE	P.O. Box 66553	St. Pete Bch, FL 33736
Treas	MARY L. PARKER	1823 OLIVIA Cr	Apopka, FL 32703
			2/21

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/16/2002

Daytime Phone #

407 814-7600

CR2E081 (9/01)