

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**'APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P98000036701

1. Corporation Name

PARROT RODEO, INC.

Principal Place of Business

4821 NW 18 STREET
POMPANO BEACH FL 33064

Mailing Address

4821 NW 18 STREET
POMPANO BEACH FL 33064



99 NOV -1 PM 4:33

REINSTATEMENT

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/22/1998	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0835030	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D	SPOSATO, JAMES V	4821 NW 18 STREET	POMPANO BEACH FL 33064
P	SPOSATO, JAMES V	4821 NW 18 STREET	POMPANO BEACH, FL 33064
V	HARROD, DALE S.	4928 NW 58 AVE	CORAL SPRINGS, FL 33067
			900003038809--5
			11/09/99--01005--019
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPOSATO, JAMES V
4821 NW 18 STREET
POMPANO BEACH FL 33064

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
Zip Code

FL

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]
REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-27-99

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.

AD

SIGNATURE:

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

10-27-99 954-776-7334
Date Daytime Phone #