

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 SEP -3 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PARC IMPERIAL PARTNERS, INC.

REINSTATEMENT 02-03

2. Principal Office Address Parkway Plaza, 825 Pkway St. Suite, Apt. #, etc. Suite 4 City & State Jupiter, Florida Zip Country 33477 USA		3. Mailing Office Address Parkway Plaza, 825 Pkway St. Suite, Apt. #, etc. Suite 4 City & State Jupiter, Florida Zip Country 33477 USA		4. Date Incorporated or Qualified To Do Business in Florida	
				5. FEI Number 59-3551215	
				6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
ROBERT A. STOK, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
2875 N.E. 191st Street
Suite, Apt. #, Etc.
Suite 304
City
Aventura
State Zip Code
FL 33180

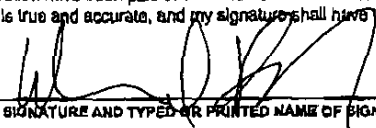
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of Registered Agent
Date 08/12/2003
REGISTERED AGENT MUST SIGN

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
PT	Bradford, Dennis	Parkway Plaza, 825 Pkway St	Jupiter Fla 33477
VPS	Lubeck, Joseph	Parkway Plaza, 825 Pkway St	Jupiter Fla 33477

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 08/12/03
Daytime Phone (941) 725-7279