

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 25 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000076525

1. Corporation Name

PARMELE CONSTRUCTION, INC.

Principal Place of Business

1648 POE AVE
ORLANDO FL 32806

Mailing Address

1648 POE AVE
ORLANDO FL 32806

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

108 E. Pine Loch Ave PO Box 568527

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL
32806 Orange

City & State

FL, Orlando
32806 Orange

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/1999

5. FEI Number

59-3621627

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
PTD	PARMELE, DANIEL L	1648 POE AVE	ORLANDO FL 32806
VSD	PARMELE, DOUGLAS	4541 STILWELL DR 1208 W. Willisaracir	ORLANDO FL 32812 32806
VSD	Parmele, Douglas	1208 W. Willisaracir	Orlando FL 32806

8. Name and Address of Current Registered Agent

PARMELE, DANIEL L
1648 POE AVE
ORLANDO FL 32806

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-23-02

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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-23-02

CR20040 (8/02)