

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 24 AM 8:13

DOCUMENT # L00000008244

1. Limited Liability Company's Name
Parker & Longabaugh, L.L.C.

2. Principal Office Address
1200 Barrancas Avenue

Suite, Apt. #, etc.

City & State
Pensacola

Zip **32501** Country **United States**

3. Mailing Office Address
1200 Barrancas Avenue

Suite, Apt. #, etc.

City & State
Pensacola

Zip **32501** Country **United States**

4. State/Country of Formation
Florida / United States

5. Date Organized or Qualified
To Do Business in Florida **07/12/2000**

6. FEI Number **593-71-3293**

Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Jack E. Wills

Street Address (P.O. Box Number is Not Acceptable)
1200 Barrancas Avenue

Suite, Apt. #, Etc.

City
Pensacola

State **FL** Zip Code **32501**

REINSTATEMENT 03-05

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent
Jack E. Wills

REGISTERED AGENT MUST SIGN

Date **03-21-05**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Jack E. Wills	1200 Barrancas Avenue	Pensacola, FL 32501

600049555756
03/31/05--01004--015 **250.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager
Jack E. Wills

Date **03-21-05**

Daytime Phone # **850-432-2383**

Typed or printed name of signing Managing Member/Manager **Jack E. Wills**

CR32041 (10/02)