


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN 21 AM 9:11

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000008892

1. Limited Liability Company's Name
THE EDWIN E. & WILMA D. PARKER LIMITED LIABILITY COMPANY

2. Principal Office Address
C/O Butzel Long
Suite, Apt. #, etc.
1200 N. Federal Hwy., Suite 420
City & State
Boca Raton, FL
Zip
33432
Country
USA

3. Mailing Office Address
164 Cold Mountain Road
Suite, Apt. #, etc.
City & State
Lake Toxaway, NC
Zip
28747
Country
USA

CR2E041 (8/05)

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified To Do Business In Florida 12/16/1999

6. FEI Number 65-1015761
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
John J. Raymond, Jr., Esq.

Street Address (P.O. Box Number is Not Acceptable)
c/o Butzel Long

Suite, Apt. #, Etc.
1200 N. Federal Hwy., #420

City
Boca Raton

State
FL

Zip Code
33432

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 John J. Raymond, Jr. Date 5/31/06
REGISTERED AGENT MUST SIGN

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	Parker, Edwin W.	164 Cold Mountain Road ↳ 1631	Lake Toxaway, NC 28747

REINSTATEMENT 03-06
S00078752705
06/30/06--01014--011 *\$300.00

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 Edwin W. Parker Date 6/10/2006 Daytime Phone # 828-862-8555

Typed or printed name of signing Managing Member/Manager Edwin W. Parker