

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN -2 AM 10:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 389900

1. Corporation Name

JOHN F. PARSONS, INC.

2. Principal Office Address

101 E. KENNEDY BOULEVARD

Suite, Apt. #, etc.

SUITE 3200

City & State

TAMPA, FL

3. Mailing Office Address

101 E. KENNEDY BOULEVARD

Suite, Apt. #, etc.

SUITE 3200

City & State

TAMPA, FL

Zip

33602

Country

USA

Zip

33602

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/24/95

5. FEI Number

Applied For

☒ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒8070 Affidavit Testimony
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SALEM, RICHARD J., ESQ.

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

101 E. KENNEDY BOULEVARD

Suite, Apt. #, Etc.

SUITE 3200

City

TAMPA

State
FL

Zip Code

33602

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/15/00

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
PD	SOERENSEN, SOEREN	MONKEY RIVER ESTATE	TOLEDO DISTRICT, BELIZE
D	BECH, CHRISTIAN	MONKEY RIVER ESTATE	TOLEDO DISTRICT, BELIZE
VDS	MEHLUM, LAILA	MONKEY RIVER ESTATE	TOLEDO DISTRICT, BELIZE
D	PERSLEV, MICHAEL	MONKEY RIVER ESTATE	TOLEDO DISTRICT, BELIZE
S	JENSEN, SUSANNE	MONKEY RIVER ESTATE	TOLEDO DISTRICT, BELIZE

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

Daytime Phone #

KE

LAILA MEHLUM, NOV 13 2000 +501622082

REINSTATEMENT 98-01

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