

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F99000005128

1. Entity Name
BOB PARRISH CPA, P.C.



Principal Place of Business
5390 GULF OF MEXICO, DRIVE, #102
LONGBOAT KEY, FL 34228

Mailing Address
5390 GULF OF MEXICO, DRIVE, #102
LONGBOAT KEY, FL 34228

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
75-2800129

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARRISH, ROBERT
~~725 NORTON STREET~~ 5390 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228 #102

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Robert Parrish ROBERT PARRISH

3/31/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME PARRISH, BOB
STREET ADDRESS 725 NORTON ST.
CITY-ST-ZIP LONGBOAT KEY, FL 34228 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2600 HARBOURSIDE DR #C19
CITY-ST-ZIP

TITLE S
NAME PARRISH, MARY
STREET ADDRESS 725 NORTON ST.
CITY-ST-ZIP LONGBOAT KEY, FL 34228 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2600 HARBOURSIDE DR #C19
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300070802263
CITY-ST-ZIP 04/18/06--01038--009 **300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Parrish MARY PARRISH

3/31/06

941-387-0926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #