

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# H89605

Entity Name: PARKHILL, INC.

FILED  
Jan 22, 2011  
Secretary of State

## Current Principal Place of Business:

% MARY LOU RASMUSSEN  
10101 BURNT STORE RD #300  
PUNTA GORDA, FL 33950

## New Principal Place of Business:

10101 BURNT STORE RD #300  
PUNTA GORDA, FL 33950

## Current Mailing Address:

% MARY LOU RASMUSSEN  
10101 BURNT STORE RD #300  
PUNTA GORDA, FL 33950

## New Mailing Address:

% PALMER PROPERTY MANAGEMENT  
100 HERONS COVE DR  
PUNTA GORDA, FL 33983

FEI Number: 59-2642868

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RASMUSSEN, MARY LOU  
10101 BURNT STORE ROAD  
#18  
PUNTA GORDA, FL 33950 US

## Name and Address of New Registered Agent:

PALMER PROPERTY MANAGEMENT  
100 HERONS COVE DR  
PUNTA GORDA, FL 33983 US

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.

SIGNATURE: DAVID PALMER

01/22/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D  
Name: LARSON, LARRY  
Address: 100 HERONS COVE DR  
City-St-Zip: PUNTA GORDA, FL 33983

Title: SD  
Name: PARENT, ERNIE  
Address: 100 HERONS COVE DR  
City-St-Zip: PUNTA GORDA, FL 33983

Title: D  
Name: MERRIAM, FREMONT  
Address: 100 HERONS COVE DR  
City-St-Zip: PUNTA GORDA, FL 33983

Title: PD  
Name: MURPHY, BOB  
Address: 100 HERONS COVE DR  
City-St-Zip: PUNTA GORDA, FL 33983

Title: TD  
Name: CRONIN, DAVE  
Address: 100 HERONS COVE DR  
City-St-Zip: PUNTA GORDA, FL 33983

Title: VPD  
Name: KENDALL, JEFF  
Address: 100 HERONS COVE DR  
City-St-Zip: PUNTA GORDA, FL 33983

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BOB MURPHY

PD

01/22/2011

Electronic Signature of Signing Officer or Director

Date