

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

**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

**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

REINSTATEMENT 03-05

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

CR32041 (10/02)