

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 APR -1 AM 9:24

DOCUMENT # L00000015787

1. Limited Liability Company's Name

Parker Holdings, LLC

2. Principal Office Address

16 W. Columbia Street

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32806

Country

3. Mailing Office Address

16 W. Columbia Street

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32806

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

59-3686626

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

Parker, C. Jack

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

16 W. Columbia Street

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32806

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

*C. Jack Parker*

REGISTERED AGENT MUST SIGN

Date

10/18/09

**10. Names and Street Addresses of Managing Members/Managers**

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P      | Parker, C. Jack                      | 16 W. Columbia Street                             | Orlando, FL 32806  |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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 if made under oath.

Signature of  
Managing Member/Manager

*C. Jack Parker*

Date

10/18/09

Daytime Phone #

407 841 1440

Typed or printed name of signing Managing Member/Manager

C. Jack Parker

CR2E041 (10/02)