

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 MAY -4 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600180240876  
05/04/10--01008--010 \*\*516.25

CR2E041 (11/09)

DOCUMENT # L00000016222

1. Limited Liability Company's Name

PARMAN ENTERPRISES LLC

2. Principal Office Address - No P.O. Box #  
1311 BAY TERRACE

Suite, Apt. #, etc.

City & State  
NORTH BAY VILLAGE

Zip  
33141

Country  
DADE

3. Mailing Office Address  
2641 E ATLANTIC BLVD

Suite, Apt. #, etc.  
308

City & State  
POMPANO BEACH, FL

Zip  
33062

Country  
BROWARD

4. State/Country of Formation

FLORIDA, BROWARD

5. Date Organized or Qualified  
To Do Business in Florida June 6, 2005

6. FEI Number  
65-1074830

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  
FENCON LLC

Street Address (P.O. Box Number is Not Acceptable)  
2641 E ATLANTIC BLVD

Suite, Apt. #, Etc.  
308

City  
POMPANO BEACH,

State  
FL

Zip Code  
33062

☐ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date 4/27/10

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	WANNMAN, PAR	1311 BAY TERRACE	NORTH BAY VILLAGE 33141

REINSTATEMENT 08-10

11. E-mail Address: bakerjian@bellsouth.com

(To be used for future annual report notifications)

12. 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

Date 04/27/10

Daytime Phone # 305-754-0334

Typed or printed name of signing Managing Member/Manager PAR WANNMAN