

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Glenn F. Ford  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 DEC -1 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. DOCUMENT # L02000003913

Name and Mailing Address

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PARKS & CRUMP BUILDING, L.L.C.  
240 NORTH MAGNOLIA DR.  
TALLAHASSEE FL 32301-2638

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/19/2002	
Principal Place of Business 240 NORTH MAGNOLIA DR. TALLAHASSEE FL 32301	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3489613	Applied For Not Applicable
8. Name and Address of Current Registered Agent CRUMP, BENJAMIN L 240 NORTH MAGNOLIA DR. TALLAHASSEE FL 32301		9. Name and Address of New Registered Agent Name Street Address (P.O. Box) 11/04/03-01053-004 **150.00 City FL Zip Code	

CR2E084 (7/03)

10. 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  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 11-3-2003

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MR	Darryl D. Parks	240 N Magnolia Drive	Tallahassee, FL 32301

**REINSTATEMENT 2003**

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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  
**SIGNATURE REQUIRED**

Date 11-3-03 Daytime Phone # (850) 222-3333

Typed or printed name of signing Managing Member/Manager

Benjamin L. Crump