PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

1. DOCUMENT #

Name and Mailing Address

L02000019775

FILED

2003 NOV 17 AM 8: 59

OF CORPORATIONS TALLAHASSEE, FLORIDA

0015934 01 MB 0.309 **AUTO T9 0 0615 31792-743908 Inflamithmiddentilledallatidallatidallatidallatidallatid PARVEY INVESTMENTS, LLC 1008 GORDON AVE. THOMASVILLE GA 31792-7439

Typed or printed name of signing Managing Member/Manager



5. Date Organized or Qualified To Do Business in Florida 08/05/2002 6. FEI Number 7. CERTIFICATE OF STATUS DESIRED 9. Name and Address of New Registered Agent (P.O. Box Mumber is Not Acceptable)
7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required and Address of New Registered Agent 9. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable)
(P.O. Box Number is Not Acceptable)
FL Zip Code
Date _// - 13 -03
ger City / State / Zip
THOMASVILLE GA 31792
400024761964 11/17/0301089020 **155.00
TATEMENT 2003