▲ Tear Here ▲ ▲ Tear Here ▲ ▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT — FLORIDA DEPARTMENT OF STATE — Division of Corporations

L02000024254

FILED

03 OCT 24 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000024254

Name and Mailing Address

0009548 01 AT 0.292 **AUTO T5 1 0615 33624-490060

PARSES, L.L.C.
3816 WEST LINEBAUGH AVE., STE. 210
TAMPA FL 33624-4900

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
09/18/2002

Principal Place of Business
3816 WEST LINEBAUGH AVE., STE. 210
TAMPA FL 33624

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
61-1441575

☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

CR2E084 (7/03)

8. Name and Address of Current Registered Agent

COOK & KOCH, P.A.
ONE TAMPA CITY CENTER, STE. 3010
201 NORTH FRANKLIN STREET
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name SHARON MIHALE

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

3816 W LINEBAUGH, STE 210

City TAMPA FL Zip Code 33624

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 SHARON F. MIHALE Date 10/22/03

REGISTERED AGENT MUST SIGN

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

400024422634
11/04/03--01066--008 Sta**150.00

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	
MEMBER MGR	DENNIS MIHALE	3816 W LINEBAUGH TAMPA SUITE 218	TAMPA FL 33624
MEMBER MGR	SHARON MIHALE	3816 W LINEBAUGH SUITE 210	TAMPA FL 33624
MEMBER MGR	GREG NEAL	3816 W LINEBAUGH SUITE 210	TAMPA FL 33624

REINSTATEMENT 03

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 SHARON F. MIHALE Date 10/22/03 Daytime Phone # 813 961-8400

Typed or printed name of signing Managing Member/Manager SHARON MIHALE