

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

08 JUN 25 PM 2:33

DOCUMENT # 204000018163

1. Limited Liability Company's Name

PARRISH MEDI-VAN LLC

2. Principal Office Address - No P.O. Box #

1101 sw Tustenuggee Ave.

Suite, Apt. #, etc.

City & State

LAKE CITY

Zip

32025

Country

UNITED STATES

3. Mailing Office Address

1101 sw tustenuggee Ave.

Suite, Apt. #, etc.

City & State

LAKE CITY

Zip

32025

Country

UNITED STATES

4. State/Country of Formation

FLORIDA UNITED STATES

5. Date Organized or Qualified
To Do Business in Florida

AUGUST 1995

6. FEI Number

59-3315822

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

BRENDA LITRELL

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

269 SW YOUNG PLACE

Suite, Apt. #, Etc.

City

LAKE CITY

State

FL

Zip Code

32025

☐ 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

Brenda Littrell

REGISTERED AGENT MUST SIGN

Date

6-23-08

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
<i>MEM</i>	TERESA PARRISH	1101 SW TUSTENUGGEE AVE.	LAKE CITY FL 32025

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REINSTATEMENT

06-08

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 as if made under oath.

Signature of
Managing Member/Manager

Teresa Parrish

Date

6-23-08

Daytime Phone #

386-758-3003

Typed or printed name of signing Managing Member/Manager

TERESA PARRISH MANAGER