

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2011 APR 28 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L05000002075**

1. Limited Liability Company's Name

PARKES INVESTMENTS LLC

202-12-3756

CR2E041 (1/11)

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

873 WEST BAY DR

Suite, Apt. #, etc.

APT-224

City & State

LARGO FLA.

Zip

33770

Country

USA

3. Mailing Office Address

PO 8386

Suite, Apt. #, etc.

SEMINOLE

City & State

FLA

Zip

33775-8386

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

202-12-3756

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

JAN MADLOSKY

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

873 WEST BAY DR

Suite, Apt. #, Etc.

APT 224

City

LARGO FLA. 33770

State

FL

Zip Code

33770

E-mail Address:

800205573208
04/29/11--01005--005 **377.50

(To be used for future annual report notices)

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

Date

4-18-11

REGISTERED AGENT MUST SIGN

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
MEMM	LOU KATZ	873 WEST BAY DR	APT 224 LARGO FLA 33770

REINSTATEMENT

10-11
S/L

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing
Member/Manager

Date

4-18-11

Daytime Phone #

Typed or printed name of signing Managing Member/Manager