

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1.07000024947

1. Limited Liability Company's Name

PARKERMON, L.L.C.

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

101 S. Wymore Road

Suite, Apt. #, etc.

Suite 127

City & State

Altamonte Springs

Zip

FL

Country

Seminole

3. Mailing Office Address

101 S. Wymore Road

Suite, Apt. #, etc.

Suite 127

City & State

Altamonte Springs

Zip

32714

Country

Seminole

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 03/06/07

6. FEI Number

20-8599491

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☒ 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.

8. Name and Address of Current Registered Agent

Name

Christopher C. Cathcart, Esquire

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

2699 LEE ROAD

Suite, Apt. #, Etc.

Suite 101

City

Winter Park

State

FL

Zip Code

32789

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 05/21/09

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
MGRM	Troy S. Blanchard	2207 Mount Vernon	Orlando, FL 32789
			L. SELLERS
			MAY 28 2009
			REINSTATEMENT 08-09
			EXAMINER

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

Date 05/21/09

Daytime Phone# 407-466-7335

Typed or printed name of signing Managing Member/Manager Troy S. Blanchard, Managing Member