

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL -7 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
700182950077
07/06/10--01061--007 **516.25

CR2E041 (05/10)

DOCUMENT #

L07-56720

1. Limited Liability Company's Name

Parkes Properties, LLC

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

12934 Forestedge Circle

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32828

Country

USA

3. Mailing Office Address

12934 Forestedge Circle

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32828

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

May 25, 2007

6. FEI Number

26-026-0566

☐ 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

Gary Parkes

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

12934 Forestedge Circle

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32828

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

Gary J Parkes

REGISTERED AGENT MUST SIGN

Date 30 June 2010

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	Gary Parkes	12934 Forestedge Circle	Orlando, FL 32828
	L. SELLERS		
	JUL - 9 2010		
	EXAMINER		

REINSTATEMENT

08-2010

11. E-mail Address: seanparkes@yahoo.com

(To be used for future annual report notifications)

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

Gary J Parkes

Date 30 June 201

Daytime Phone # 407.716.4900

Typed or printed name of signing Managing Member/Manager Gary Parkes