PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY Secret			TMENT OF STATE y of State orporations		13 DEC 30 PM 6: 55	
DOCUMENT # 1. Limited Liability Company's Name LID000031722 BRIAN C PARKER INVESTMENTS, LLC				SECRETART DE STATE TALLAHASSEE, FLORIDA REINSTATEMENT		
2. Principal Office Ac 9405 STAT Suite, Apt. #, etc.	ddress - No P.O. 8ox # E RD 535	3. Mailing Office Address 9405 STATE RD 535 Suite, Apt. #, etc.		4. State/Country of Formation Florida/usa		
City & State ORLANDO Zip Country 32836 USA		City & State ORLANDO, FL Zip Country 32836 USA		5. Date Organized or Qualified To Do Business in Florida 6. FEI Number 27-3163176 Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent Name BRIAN C PARKER Street Address (P.O. Box Number is Not Acceptable) 9048 ASTONIA WAY Suite, Apt. #, Etc.				E-mail Address: 600255089816 12/30/1301027009 **\$16.25		
City State Zip Code FL 33967				bricpark@aol.com (To be used for future annual report notices)		
9. I, being appointed Signature of Registered Ag		ove named limited liability or		d accept the obliga	ntions of Chapter 605, F.S.	
10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company Titles AMBR/MGR Name of Authorized Person Street Address of Each Authorized				ized Person	City / State / Zip	
MGRM	5: 65 !		9048 Astonia Wa		Ft Myers, FL 33967	
					DEC 3 0 2013	
					C. CARROTHERS	
the reason for dis company have be	ssolution has been eliminated, t	he limited liability company rated on this application is tru	name satisfies the requireme e and accurate, and my sign	ents of Chapter 605 nature shall have th	certify that when filing this reinstatement application 5, F.S., and that all fees owed by the limited liability need for in 817 155 F.S.	

Signature of Authorized Person

Typed or printee name of signing Authorized Person