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15 JUL -1 PM 4:58

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000136105

1 Limited Liability Company's Name

PARCEL PROPERTIES OF FLORIDA LLC

2. Principal Office Address - No P.O. Box#	3. Mailing Office Address
34683 Willow Brook Dr.	34683 Willow Brook Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Harbor, FL	City & State: Palm Harbor, FL
Zip: 34683 County: USA	Zip: 34683 County: USA

CR2E041 (1/10)

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business In Florida: 12/4/14

6. FEI Number: Applied For ☐ Not Applicable ☐

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: NRAI Services Inc.

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Apt. # Etc.:

City: Plantation State: FL Zip Code: 33324

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Kimberly Steinmetz

Kimberly Steinmetz
Vice President & Assistant Secretary

REGISTERED AGENT MUST SIGN

Date: 7/2/2015

10. Name and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Rita Parcel	341683 Willow Brook Dr	Palm Harbor, FL 34683

11. E-mail Address: _____
(To be used for future annual report notification)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0112, F.S., and that all taxes 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 authorized representative/member: Rita Parcel Date: 6-25-15 Daytime Phone: 727-407-0771

Typed or printed name of signing authorized representative/member: _____

6-30-15

2 of 2 pages

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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LIMITED LIABILITY REINSTATEMENT
PARCEL PROPERTIES OF FLORIDA LLC

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