

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14000128202

1. Limited Liability Company's Name

LYNN PARKER ASSOCIATES LLC

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

2705 Central Blvd

Suite, Apt. #, etc.

203

City & State

JUPITER, FL

Zip

33458

Country

USA

3. Mailing Office Address

2705 Central Blvd

Suite, Apt. #, etc.

203

City & State

Jupiter, FL

Zip

33458

Country

USA

8. Name and Address of Current Registered Agent

Name

CYNTHIA PARKER

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

18263 River Oaks DR.

Apt. #, Etc.

City

Jupiter

State

FL

Zip Code

33458

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

Cynthia Parker

REGISTERED AGENT MUST SIGN

Date

2/17/16

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Owner	JERALD L. PARKER	18263 River Oaks DR	Jupiter, FL 33458

11. E-mail Address:

cparker@lpassoc.com

(To be used for future annual report notifications)

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 605.0012, 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 authorized representative/member

Cynthia Parker

Date

2/17/16

Daytime Phone #

561-602-5202

Typed or printed name of signing authorized representative/member

CYNTHIA PARKER

FILED

16 FEB 23 AM 8:56

SEALING STATE
IN JARVIS, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

8/15/14

6. FEI Number

47-1603428

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

800282532948
02/23/16--01031--023 **377.50