

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JUN 21 AM 9:11

DOCUMENT # L99000008892

**1. Limited Liability Company's Name**

THE EDWIN E. & WILMA D. PARKER LIMITED LIABILITY  
COMPANY

**2. Principal Office Address**

C/O Butzel Long

Suite, Apt. #, etc.

1200 N. Federal Hwy., Suite 420

City & State

Boca Raton, FL

Zip

33432

Country

USA

**3. Mailing Office Address**

1631  
164 Cold Mountain Road

Suite, Apt. #, etc.

City & State

Lake Toxaway, NC

Zip

28747

Country

USA

CR2E041 (8/05)

**4. State/Country of Formation**  
Florida/USA

**5. Date Organized or Qualified  
To Do Business In Florida**

12/16/1999

**6. FEI Number**  
65-1015761

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

John J. Raymond, Jr., Esq.

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

c/o Butzel Long

Suite, Apt. #, Etc.

1200 N. Federal Hwy., #420

City

Boca Raton

State

FL

Zip Code

33432

**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

*John J. Raymond, Jr.*

Date

5/31/06

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
MGR	Parker, Edwin W.	164 Cold Mountain Road 1631	Lake Toxaway, NC 28747

REINSTATEMENT 03-06

500076752705  
06/30/05--01014--011 \*\$300.00

**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 608.408, 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

*Edwin W. Parker*

Date

6/10/2006

Daytime Phone #

828-862-8555

Typed or printed name of signing Managing Member/Manager Edwin W. Parker