

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Glenn E. Wood  
Secretary of State  
DIVISION OF CORPORATIONS

**M00000002585**

**2585**

03 DEC 11 AM 9:44

12/2/19

1. DOCUMENT # M00000002585

Name and Mailing Address

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PARKER PLAZA, LLC  
2550 HERITAGE COURT, SUITE 206  
ATLANTA GA 30339-3062



**REINSTATEMENT**

2003

2. New Mailing Address		4. State/Country of Formation GA	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/15/2000	
Principal Place of Business 2550 HERITAGE COURT, SUITE 206 ATLANTA GA 30339	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 58-2588069	Applied For Not Applicable
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. 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 <u>NEILL B FAUCETT</u> Date _____ REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	FAUCETT, NEILL B	2550 HERITAGE COURT, SUITE 206	ATLANTA GA 30339
000025419280 12/11/03--01019--036 **150.00			
2003			
<b>REINSTATEMENT</b>			

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 NEILL B FAUCETT Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)