M05000001809

Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

LIMITED LIABILITY REINSTATEMENT

PARKING BUILDERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$377.50

RECEIVED
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TALLAHASSEE, FLORIDA

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T. HAMPTON
AUG 28 2008
EXAMINER

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
08 AUG 27 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M05000001809

1. Entity Name
PARKING BUILDERS, LLC

Principal Place of Business	Mailing Address
1621 S. EUCALYPTUS AVE. SUITE 215 BROKEN ARROW, OK 74012	1621 S. EUCALYPTUS AVE. SUITE 215 BROKEN ARROW, OK 74012

[redacted]

08252008 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
320 S. Boston	320 S. Boston
Suite, Apt. #, etc. Suite 1026	Suite, Apt. #, etc. Suite 1026
City & State Tulsa, OK	City & State Tulsa, OK
Zip 74103 Country USA	Zip 74103 Country USA

4. FEI Number
20-1054160
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Madonna Cuddihy Special Assistant Secretary 8/27/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: [illegible]) DATE

FILE NOW!! FEE IS $377.50

Make check payable to: Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MARKLE, DAVID G 1621 S. EUCALYPTUS AVE. BROKEN ARROW, OK 74012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 320 S. Boston, Suite 1026 Tulsa, OK 74103
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR EVILSIZER, RICHARD L 11301 ROCKET BLVD ORLANDO, FL 32824	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 320 S. Boston, Suite 1026 Tulsa, OK 74103
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BOBITT, DAVID 1621 S. EUCALYPTUS AVE. BROKEN ARROW, OK 74012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition BOBBITT, DAVID 320 S. Boston, Suite 1026 Tulsa, OK 74103
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MARTIN, DEBBIE 1621 S. EUCALYPTUS AVE. BROKEN ARROW, OK 74012	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2007, 2008	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company named, receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: David M. Bobbitt 8.25.08 720.403.7868
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #