

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 NOV 17 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO 3000058620

1. Corporation Name

Parrish Enterprises Inc.

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

407 SW BARWICK Ter

Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc

City & State

Lake City

Zip

Country

City & State

FL 32024

Zip

Country

32024

**REINSTATEMENT** 10-11

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5-23-03

5. FEI Number

20-0033443

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Guy N Williams P.A.

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

397 S. Marion Ave

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32025

000213954210  
11/03/11--01016--021 \*\*785.00

000213954210  
11/17/11--01003--004 \*\*150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Guy N Williams

REGISTERED AGENT MUST SIGN

Date

11/2/11

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P</u>	<u>Larry J Parrish Sr</u>	<u>407 SW BARWICK Ter</u>	<u>Lake City, FL 32025</u>

11/17

10. E-mail Address:

cdavidhartkey@yahoo.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. and that all fees owed by the corporation have been paid. I further certify, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-2-10

Date

386-752-8223

Daytime Phone #