

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG -4 PM 1:10

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000054624

1. Corporation Name

Parks Investment Group, Inc.

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

136 Fenno Drive

3. Mailing Office Address

136 Fenno Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Rowley, MA

City & State

Rowley, MA

Zip

01969

Country

USA

Zip

01969

Country

USA

CR2E081 (5/10)

4. Date Incorporated or Qualified
To Do Business in Florida

April 6th, 2005

5. FEI Number

202674018

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Les Austin

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

5935 Creekside Circle

Suite, Apt. #, Etc.

City

Pensacola,

State

FL

Zip Code

32504

100183565671
08/04/10--01030--012 **158.75
07/22/10--01039--016 **943.75
100183565671
07/22/10--01039--016 **943.75

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

[Handwritten Signature]

Date

7-20-10

REGISTERED AGENT MUST SIGN

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
PT	Kenneth E. Parks President	136 Fenno Drive	Rowley, MA 01969
VPS	Barbara C. Parks	136 Fenno Drive	Rowley, MA 01969

REINSTATEMENT

08-10 B 8/5/10

10. E-mail Address: KenEParks@Earthlink.net

(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., 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.

SIGNATURE:

[Handwritten Signature: Kenneth E. Parks]
Kenneth E. Parks

July 20, 2010 (978) 559-1645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #