

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000111042

1. Entity Name
PARKER ROB, INC.



Principal Place of Business
~~4301 SOUTH FLAMINGO ROAD SUITE 103-308~~
~~DAVIE, FL 33330~~

Mailing Address
4301 SOUTH FLAMINGO ROAD SUITE 103-308
DAVIE, FL 33330

2. Principal Place of Business - No P.O. Box #

The Shopper @ Pembroke Gardens

3. Mailing Address

Suite, Apt. #, etc.

14546 S.W. 5th Street

City & State

Pembroke Pines, FL

Zip
33027

Country
USA

Zip

Country

10242008 REIN-P CR2E098 (1/07)

4. FEI Number
26-1146488

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, ERIC P
4301 SOUTH FLAMINGO ROAD SUITE 103-308
DAVIE, FL 33330

7. Name and Address of New Registered Agent

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

Eric P Robinson
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/24/08

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
ROBINSON, ERIC P
4301 SOUTH FLAMINGO ROAD SUITE 103-308
DAVIE, FL 33330 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
ROBINSON, RUBY E
4301 SOUTH FLAMINGO ROAD SUITE 103-308
DAVIE, FL 33330 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addit
600137324116
*10/27/08-01053-015 **150.00*

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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Eric P Robinson

10/24/08

954-275-2372