

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 OCT 22 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000005396

1. Corporation Name

JAMES L. PARRIS, INC.

Principal Place of Business

Mailing Address

2257 ORION LAKE DR
NAVARRE FL 32566
US

431 BEULAH AVE
PANAMA CITY FL 32404
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7432 HARVEST VILLAGE CT
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

7432 HARVEST VILLAGE CT
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01/13/1994

City & State

NAVARRE FLA
DEFUNIAK SPRINGS

City & State

NAVARRE FLA
SANTA ROSE

5. FEI Number

65-0454693

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	PARRIS, JAMES L.	7432 HARVEST VILLAGE CT	NAVARRE FL 32566
D	PARRIS, PATRICIA S.	7432 HARVEST VILLAGE CT	NAVARRE FL 32566
STD	RILEY, JANICE E.	7432 HARVEST VILLAGE CT	NAVARRE FL 32566
ASD	SINGLETON, EMMETT E., JR.	431 BEULAH AVE	PANAMA CITY FL 32404

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARRIS, JAMES L
222 NORTH HIGHWAY 331
DEFUNIAK SPRINGS FL 32433

Name

JAMES L PARRIS

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

7432 HARVEST VILLAGE CT

Suite, Apt. #, Etc.

City

NAVARRE FLA

State

FL

Zip Code

32566

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/22/99

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE