

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. ~

FILED

03 MAY -6 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000011416

1. Corporation Name

T. Parr Inc.

REINSTATEMENT 95-03

100018303701

05/06/03--01094--016 **1950.00

2. Principal Office Address

1108 NW 20th Ct

Suite, Apt. #, etc.

3. Mailing Office Address

1108 NW 20th Ct

Suite, Apt. #, etc.

City & State

Wilton Manors FL

Zip
33311

Country

US

City & State

Wilton Manors FL

Zip
33311

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/07/94

5. FEI Number

65-0466515

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

Timothy E. Parr

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

1108 NW 20th Ct

Suite, Apt. #, Etc.

City

Wilton Manors

State

FL

Zip Code

33311

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

X [Signature]

REGISTERED AGENT MUST SIGN

Date 4/29/03

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
D	Timothy E. Parr	1108 NW 20th Ct	Wilton Manors, FL 33311

10. 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:

X [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy E Parr 4/29/03

Date

Daytime Phone #

CR2E081 (10/02)