PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 22 AM 8:53
SECRETARY OF STATE

REINSTATEMENT 02-03

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DOCUMENT # P99000002223

1. Corporation Name
Parker Publications Inc

2. Principal Office Address	3. Mailing Office Address
14790 SW 21st St.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Davie, Fl	
Zip / Country	Zip / Country
33325 USA	

4. Date Incorporated or Qualified To Do Business in Florida 1/08/1999

5. FEI Number 65-1008015 — 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: Susan C. Parker

Street Address (P.O. Box Number is Not Acceptable): 14790 SW 21st

Suite, Apt. #, Etc.:

City: Davie | State: FL | Zip Code: 33325

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: Susan C Parker — REGISTERED AGENT MUST SIGN. Date: 09/29/03

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S	Susan Parker	14790 SW 21st Davie	Davie Fl 33325

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: S C P — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 09/29/03 — Daytime Phone #: 954-472-7971

CR2E044 (1/03)

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