

2004 FOR PROFIT CORPORATION REINSTATEMENT

1082

DOCUMENT # S39827
1. Entity Name
MARK PARRETT ENTERPRISES, INC.



FILED

04 DEC 29 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
801 SOUTH DR
FT WALTON BCH, FL 32547 US

Mailing Address
801 SOUTH DR
FT WALTON BCH, FL 32547 US

[Handwritten signature]



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

10/18/2004 REINSTATEMENT 2004

4. FEI Number
59-3129912

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PARRETT, MARK L.
801 SOUTH DR
FT WALTON BCH, FL 32547

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 *[Signature]* **BELVA L. PARRETT, VP** 10/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$800.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARRETT, MARK L. 801 SOUTH DR FT WALTON BCH, FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PARRETT, BELVA L. 801 SOUTH DR FT WALTON BCH, FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600043699596 12/29/04--01037--004 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

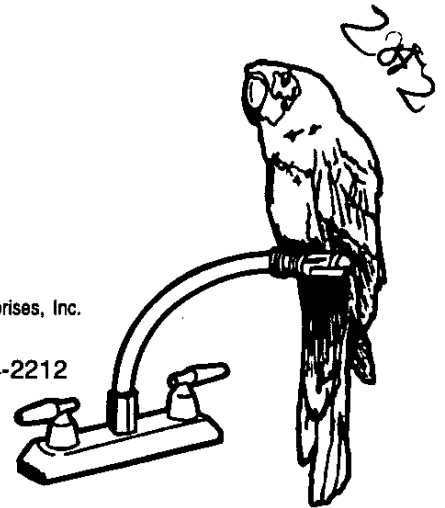
SIGNATURE: *[Signature]* **BELVA L. PARRETT** 10/19/04 2439511
Signature and typed or printed name of signing officer or director Date Daytime Phone #

Parrett Plumbing

A Division of Mark Parrett Enterprises, Inc.

801 South Drive • Fort Walton Beach, FL 32547 • (850) 243-9511 • Fax (850) 864-2212
Florida License #RF0053961

October 19, 2004



Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314-6327

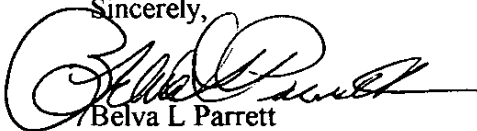
Re: FEIN #593129912

To Whom It May Concern:

I have received your recent notice of dissolution of my federal identification number, however, this is the only notice I have received. When I downloaded your form for reinstatement, I found no box to check indicating non-receipt of any prior notice. Please, please, waive the reinstatement fees and allow my number to remain the same.

I thank you in advance for your assistance.

Sincerely,


Belva L Parrett
Vice President

/blp

Enclosures - \$150.00 check #13054
Reinstatement Form #S39827