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FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E061 (12/05)

DOCUMENT # 620568

1. Corporation Name
West Miami Park Corp.

2. Principal Office Address	3. Mailing Office Address
36 S. Charles Street	19101 Mystic Pointe Drive
Suite, Apt. #, etc. Suite 2300	Suite, Apt. #, etc. Suite 2708
City & State Baltimore, MD	City & State North Miami Beach, FL
Zip 21201 Country	Zip 33180 Country

4. Date Incorporated or Qualified To Do Business In Florida 05/09/1979

5. FEI Number 592012033 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Lynnore G. Moss

Street Address (P.O. Box Number is Not Acceptable): 19101 Mystic Pointe Drive

Suite, Apt. #, Etc.: Suite 2708

City: North Miami Beach State: FL Zip Code: 33180

B 2/17/06
REINSTATEMENT 00.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Lynnore Moss Date: 2/17/06
REGISTERED AGENT MUST SIGN

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
PD	Herbert S. Garten	36 S. Charles Street, Suite 2300	Baltimore, MD 21201
STD	Lynnore G. Moss	19101 Mystic Pointe Drive, Suite 2708	North Miami Beach, FL 33180
VD	Lawrence M. Garten	36 S. Charles Street, Suite 2300	North Miami Beach, FL 33180

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 contained in Chapter 119, 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: Herbert S. Garten, President 02/17/06 410-539-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

WEST MIAMI PARK CORP.

Certificate of Status	1
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