2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 18, 2008
Secretary of State

DOCUMENT# F07000002230

Entity Name: PARK PLUS FLORIDA, INC.

Current Principal Place of Business:

200 LESLIE DRIVE STE 522
HALLANDALE, FL 33009

New Principal Place of Business:

200 LESLIE DRIVE STE 420
HALLANDALE, FL 33009

Current Mailing Address:

200 LESLIE DRIVE STE 522
HALLANDALE, FL 33009

New Mailing Address:

200 LESLIE DRIVE STE 420
HALLANDALE, FL 33009

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIQ CORPORATE SERVICES, INC.
1574 VILLAGE SQUARE BLVD STE 100
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: JAMES STROTT

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ASTRUP, RONALD
Address: 480 MAIN AVE UNIT 1
City-St-Zip: WALLINGTON, NJ 07057

Title: PST ( ) Delete
Name: LAWRENCE, COLIN
Address: 200 LESLIE DRIVE STE 522
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PST (X) Change ( ) Addition
Name: LAWRENCE, COLIN
Address: 200 LESLIE DRIVE STE 420
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLIN LAWRENCE P 12/18/2008

Electronic Signature of Signing Officer or Director — Date