

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 JAN -3 AM 6:07  
SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # F96000001599

**1. Corporation Name**

Park Center Drive Development Corporation

**2. Principal Office Address**

1768 Park Center Drive

Suite, Apt. #, etc.

Suite 270

City & State

Orlando, Florida

Zip

32835

Country

US

**3. Mailing Office Address**

1768 Park Center Drive

Suite, Apt. #, etc.

Suite 270

City & State

Orlando, Florida

Zip

32835

Country

US

REINSTATEMENT 04-06

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

03/28/1996

**5. FEI Number**

59-3372283

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

WHWW, Inc.

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

390 N. Orange Avenue

Suite, Apt. #, Etc.

Suite 1500

City

Orlando, Florida

State

FL

Zip Code

32801

**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

*Signature*

REGISTERED AGENT MUST SIGN

Date

12/1/05

**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
PST	David J. Townsend	1768 Park Center Drive	Orlando, Florida 32835

500064056535  
01/19/06--01018--006 \*\*1050.00

**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:

*Signature*

David J. Townsend

Date

12/1/05

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President