

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000000355

1. Corporation Name

PARK PLACE DEVELOPMENT COMPANY

FILED
06 APR 28 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

1768 Park Center Drive

Suite, Apt. #, etc.
Suite 400

City & State

Orlando, FL

Zip
32801

Country
USA

3. Mailing Office Address

1768 Park Center Drive

Suite, Apt. #, etc.
Suite 400

City & State

Orlando, FL

Zip
32801

Country
USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

1/21/1998

5. FEI Number

59-3509205

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 North Orange Avenue

Suite, Apt. #, Etc.

Suite 1500

City

Orlando

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

REGISTERED AGENT MUST SIGN

Date

4/18/06

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, Suite 400	Orlando, FL 32801

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David J. Townsend, President 4/18/06 407-294-6400

APR