. PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H18829

1. Corporation Name
Washington Square Corporation

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
915 Delaware Av	915 Delaware Av
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lynn Haven, FL	City & State: Lynn Haven, FL
Zip: 32444 Country: USA	Zip: 32444 Country: USA

CR2E081 (11/10)

4. Date Incorporated/Qualified To Do Business in Florida: 8-29-84

5. FEI Number: 592453422 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED: No — $87.5 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Alan H. Moore
Street Address (P.O. Box Number is Not Acceptable): 915 Delaware Av
Suite, Apt. #, Etc.:
City: Lynn Haven State: FL Zip Code: 32444

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12/02/13--01016--008 **1235.00

8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Alan H Moore Date: 11-26-13
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
PTD	Arvin C. Moore	3189 Pioneer Rd	Vernon, FL 32462
VPD	Alan H Moore	915 Delaware Av	Lynn Haven, FL 32444
SD	Alice H Moore	1011 Delaware Av	Lynn Haven, FL 32444
	REINSTATEMENT		2010-13

10. E-mail Address: alan.h.moore@comcast.net
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Alan H. Moore Alan H. Moore VPD 11-26-13
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #