


SECRET
DIVISION OF STATE
INVESTIGATIONS

05 DEC 13 All 9:23

<div style="display: flex; justify-content: space-around; align-items: center;"><div style="text-align: center;"><p>CORPORATION REINSTATEMENT</p></div><div style="text-align: center;"><p>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</p></div></div>		<div style="text-align: right;"><p>05 DEC 13 All 9: 23</p><p>CR2E081 (8/05)</p></div>																									
<p>DOCUMENT # L04000026434</p> <p>1. Corporation Name W PARC, LLC</p>																											
<p>2. Principal Office Address</p> <p>751 PARK OF COMMERCE DR</p> <p>Suite, Apt. #, etc. 128</p> <p>City & State BOCA RATON</p> <p>Zip 33487 Country WPB</p>		<p>3. Mailing Office Address</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>																									
<p>4. Date Incorporated or Qualified To Do Business in Florida 2004</p>		<p>5. FEI Number 86-1102654</p> <p><input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</p>																									
<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																											
<p style="text-align: center;">7. Name and Address of Current Registered Agent</p> <p>Name COLMAN, NANCY, B ESQ</p> <p>Street Address (P.O. Box Number is Not Acceptable) 150 E PALMETTO PARK ROAD</p> <p>Suite, Apt. #, Etc. 750</p> <p>City BOCA RATON, FL State FL Zip Code 33432</p>																											
<p>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.</p> <p>Signature of Registered Agent _____ Date _____</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																											
<p>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>MGR</td><td>PECHTER, JACK. H.</td><td>751 PARK OF COMMERCE DR #128</td><td>BOCA RATON, FL 33487</td></tr><tr><td>MGR</td><td>LORING, DAVID</td><td>"</td><td>"</td></tr><tr><td>MGR</td><td>PECHTER, HIMMELRICH, STEVE</td><td>"</td><td>"</td></tr><tr><td colspan="3"></td><td style="text-align: right; font-size: 0.8em;">4000062128114 12/13/05--01063--008 **150.00</td></tr><tr><td colspan="3"></td><td style="text-align: right; font-size: 1.2em;">2005</td></tr></tbody></table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	MGR	PECHTER, JACK. H.	751 PARK OF COMMERCE DR #128	BOCA RATON, FL 33487	MGR	LORING, DAVID	"	"	MGR	PECHTER, HIMMELRICH, STEVE	"	"				4000062128114 12/13/05--01063--008 **150.00				2005
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<p>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.</p>																											
<p>SIGNATURE: ROBERT BELLAFLORIS 12/01/05 (561) 982-7770</p> <p style="text-align: center; font-size: 0.8em;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</p>																											