

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000114011

1. Corporation Name

Expar Investments Limited, Inc.

2. Principal Office Address

6237 San Michel Way

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip
33484

Country
Palm Beach

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-06

4. Date Incorporated or Qualified
To Do Business in Florida 12/03/2001

5. FEI Number
651155946

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

James Halperin

Street Address (P.O. Box Number is Not Acceptable)
6237 San Michel Way

Suite, Apt. #, Etc.

City

Delray Beach,

State

FL

Zip Code

33484

100080642621

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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

James Halperin
REGISTERED AGENT MUST SIGN

Date 10/6/06

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
P	James Halperin	6237 San Michel Way	Delray Beach, FL 33484
V	Jonathan Halperin	6237 San Michel Way	Delray Beach, FL 33484
S	Michael Halperin	6237 San Michel Way	Delray Beach, FL 33484
T	Adrienne Halperin	6237 San Michel Way	Delray Beach, FL 33484

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:

JAMES HALPERIN
James Halperin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/06 15617 495-0738
Date Daytime Phone #

2 of 2

EXPAR INVESTMENTS LIMITED, INC.

October 6, 2006

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Expar Investments Limited, Inc. - Reinstatement

Dear Sir or Madam:

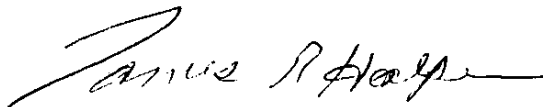
Enclosed please find the Corporation Reinstatement request of Expar Investments Limited, Inc. We hereby request that you waive the Reinstatement Fee as we did not receive the annual report notices in the year of dissolution.

We are enclosing our check in the amount of \$608.75 representing as follows

- | | | |
|----|----------|--|
| a. | \$245.00 | Annual Report fee for 2003, 2004, 2005, 2006 |
| b. | \$355.00 | Corp. Supp. Fee for 2003, 2004, 2005 2006 |
| c. | \$ 8.75 | Certificate of Status |

Please mail the Certificate of Status to James Halperin, 6237 San Michel Way, Delray Beach, FL 33484.

Sincerely,



James R. Halperin
President