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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 FEB 24 PM 1:18

RECEIVED STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000010598

1. Corporation Name

PWC FUN PARK, INC.

2. Principal Office Address

893 Raleigh RD SE

Suite, Apt. #, etc.

City & State

Palm Bay FL

Zip

32909

Country

US

3. Mailing Office Address

893 Raleigh RD SE

Suite, Apt. #, etc.

City & State

Palm Bay FL

Zip

32909

Country

US

REINSTATEMENT

03-05

4. Date Incorporated or Qualified To Do Business in Florida

1-30-02

5. FEI Number

none

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

Richard John Charshafian

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

893 Raleigh RD SE

Suite, Apt. #, Etc.

City

Palm Bay

State

FL

Zip Code

32909

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

2-18-05

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
Pres	Richard Charshafian	893 Raleigh RD SE	Palm Bay FL 32909
Sec	Jamie K Charshafian	893 Raleigh RD SE	Palm Bay FL 32909

100047787091
03/07/05--01006--015 **450.00

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-18-05

Daytime Phone #

(321) 508-5435

CR2E081 (01/05)

2 of 2

PWC fun Park, Inc
893 Raleigh Road SE
Palm Bay FL 32909
(321) 952-7884

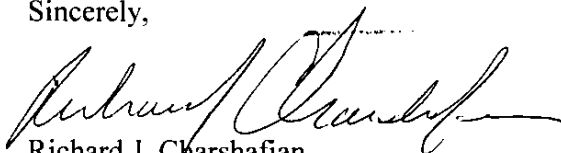
February 18, 2005

Florida Department Of State
Divisions Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Please note that we did not receive the annual report form in all of 2003 and it was returned to the Florida Department of state.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard J. Charshafian". The signature is fluid and cursive, with a long horizontal stroke at the end.

Richard J. Charshafian
PWC Fun Park, Inc.