

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 DEC 23 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000071638

1. Corporation Name

Ewald Park Place, Inc.

REINSTATEMENT 03

600025697586
12/23/03--01006--012 **750.00

2. Principal Office Address
c/o Melissa McGowan, Harris Trust

Suite, Apt. #, etc.
777 S. Flagler Dr., #140-E.

City & State
West Palm Beach, FL

Zip Country
33401 USA

3. Mailing Office Address
c/o Melissa McGowan, Harris Trust

Suite, Apt. #, etc.
777 S. Flagler Dr., #140-E.

City & State
West Palm Beach, FL

Zip Country
33401 USA

4. Date Incorporated or Qualified To Do Business in Florida 06/28/2002

5. FEI Number
02-0628173

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 Paladino, Esq.

Street Address (P.O. Box Number is Not Acceptable)
Rogers, Dempsey and Paladino, P.A.

Suite, Apt. #, Etc...
505 S. Flagler Drive, Suite 1330

City West Palm Beach

State Zip Code
FL 33401

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

Date 12/10/03

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
DP	Loud, Theodore E.	11808 Dorothy St., #201	Los Angeles, CA 90049
DTS	Loud, Brewster M.	2326 Sunny Pointe Street	Thousand Oaks, CA 91362

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:

Brewster M. Loud, Secy. 12/10/03 (561) 655-8980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)