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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 JAN -8 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E031 (1/07)

DOCUMENT # P06000000906

1. Corporation Name

Parent Park, Inc.

2. Principal Office Address - No P O Box #	3. Mailing Office Address
2701 NW BOCA RATON BLVD	2701 NW Boca Raton Blvd
Suite, Apt. #, etc. # 102	Suite, Apt. #, etc. #102
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33431 Country USA	Zip 33431 Country USA

4. Date Incorporated or Qualified To Do Business In Florida 01/03/06

5. FEI Number 20-4025139 ☐ 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: Gary Kauffman, c/o Dunlap & Moran, P.A.
Street Address (P.O. Box Number is Not Acceptable): 1990 Main Street
Suite, Apt. #, Etc: Suite 700
City: Sarasota State: FL Zip Code: 34236

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: 1/5/08

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
D, P	Doug Koval	21276 Greenwood Court	Boca Raton, FL 33433

REINSTATEMENT 07+08

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: [signature] 1/5/08 561-488-8031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DOUG KOVAL

* File First *

Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

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CORPORATION REINSTATEMENT

PARENT PARK, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$900.00~~

$300.00, please waive reinstatement fee client checked box *

Electronic Filing Menu Corporate Filing Menu Help

01/08/2008 03:56:42 PM