



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; justify-content: space-between; align-items: center;"><div style="text-align: left;">CORPORATION AR</div><div style="text-align: center;"><div>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</div></div></div>		<div>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</div> <div>10 AUG 18 AM 10:40</div> <div>700183755207 07/28/10--01025--006 **450.00</div> <div>CR2E081 (6/10)</div>																													
<div>DOCUMENT # p09000016448 1. Corporation Name Everpark Investment Corp.</div>																															
<div>2. Principal Office Address - No P.O. Box # 2950 SW 27th Ave</div>		<div>3. Mailing Office Address 2950 SW 27th Ave</div>																													
<div>Suite, Apt. #, etc. Suite 100</div>		<div>Suite, Apt. #, etc. Suite 100</div>																													
<div>City & State Miami, FL</div>		<div>City & State Miami, FL. 33133</div>																													
<div>Zip 33133</div>	<div>Country USA</div>	<div>Zip</div>	<div>Country</div>																												
<div>4. Date Incorporated or Qualified To Do Business in Florida 2/20/09</div>		<div>5. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable</div>																													
<div>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</div>																															
<div>7. Name and Address of Current Registered Agent</div> <div>Name Pablo R. Bared, Esq.</div> <div>Street Address (P.O. Box Number is Not Acceptable) 2950 SW 27th Ave</div> <div>Suite, Apt. #, Etc. Suite 100</div> <div>City Miami, FL. 33133</div> <div>State FL</div> <div>Zip Code</div>																															
<div>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.</div> <div>Signature of Registered Agent _____ Date 7/26/10</div> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>																															
<div>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</div> <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>D/P</td><td>Tae Yeoul Park</td><td>2950 SW 27th Ave</td><td>Miami, FL. 33133</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	D/P	Tae Yeoul Park	2950 SW 27th Ave	Miami, FL. 33133																				
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D/P	Tae Yeoul Park	2950 SW 27th Ave	Miami, FL. 33133																												
<div>10. E-mail Address: mimi@baredlaw.com (To be used for future annual report notification)</div>																															
<div>11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</div> <div>SIGNATURE:  Tae Yeoul Park D 7/26/10 3056666010</div> <div style="display: flex; justify-content: space-between;"><div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div><div>Date</div><div>Daytime Phone #</div></div>																															