

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~  
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE  
Katherine Barr  
Secretary of State  
DIVISION OF CORPORATIONS

*2001*

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 11 AM 8:41

DOCUMENT # *095000015593*

1. Corporation Name  
*Village Square Professional Park, Inc.*

2. Principal Office Address  
*400 Village Sq. Crossing*  
Suite, Apt. #, etc. *Suite 01*  
City & State  
*Palm Beach Gardens Fl.*

3. Mailing Office Address  
Suite, Apt. #, etc.  
City & State  
~~Florida~~

Zip *33410* Country *USA*

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number *05-0558048* 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 *Mark Damerau*

Street Address (P.O. Box Number is Not Acceptable)  
*400 Village Square Crossing Suite 01*

Suite, Apt. #, Etc.

City *Palm Beach Gardens* State **FL** Zip Code *33410*

100004639881-3  
-10/17/01-01052-081  
\*\*\*\*150.00 \*\*\*\*150.00

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 *Mark Damerau* Date *9/26/01*

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
<i>Pres</i>	<i>Mark Damerau</i>	<i>400 Village Sq. Crossing</i>	<i>Palm Beach Gardens Fl. 33410</i>
<i>Sec</i>			

**SP**

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: *Mark Damerau* Date *9/26/01* Daytime Phone # *561-622-8480*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)