

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
11 JAN 13 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 096000079833

1. Corporation Name

Park Place Partners Inc.

2. Principal Office Address - No P.O. Box #

12001 Pine Needle Ln.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Pinecrest, FL.

City & State

Zip

Country

33156

Minimi-Dade

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

FL./Miami-Dade

5. FEI Number

65-0698918

☐ 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

William S. Hannon

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

12001 Pine Needle Ln.

Suite, Apt. #, Etc.

City

Pinecrest, FL.

State

FL

Zip Code

33156

100191328761

01/13/11--01031--004 \*\*150.00

100191328761

01/13/11--01031--005 \*\*750.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/27/10

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
<u>Pres.</u>	<u>William S. Hannon</u>	<u>12001 Pine Needle Ln.</u>	<u>Pinecrest, FL. 33156</u>

10. E-mail Address:

(To be used for future annual report notification)

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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/27/10

Daytime Phone #

305-866-9893