PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 SEP -3 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000039431

1. Corporation Name

PARC IMPERIAL PARTNERS, INC.

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
Parkway Plaza, 825 Pkway St.	Parkway Plaza, 825 Pkway St.
Suite, Apt. #, etc.: Suite 4	Suite, Apt. #, etc.: Suite 4
City & State: Jupiter, Florida	City & State: Jupiter, Florida
Zip: 33477 Country: USA	Zip: 33477 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

6. FEI Number: 59-3551215 ☐ 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: ROBERT A. STOK, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 2875 N.E. 191st Street

500023265226
09/23/03--01020--005 **900.00

Suite, Apt. #, Etc.: Suite 304

City: Aventura State: FL Zip Code: 33180

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 08/12/2003

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
PT	Bradford, Dennis	Parkway Plaza, 825 Pkwy St	Jupiter Fla 33477
VPS	Lubeck, Joseph	Parkway Plaza, 825 Pkwy Ste 4	Jupiter Fla 33477

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: _____ 08/12/03 (941)725-7272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

08/21 '03 08:08 NO.115 02/06 CAPITAL CONNECTION 850 222 1222