PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

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

FILED
01 OCT 23 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P99 000012450

1. Corporation Name
Park Promenade, Inc.

REINSTATEMENT 2001

2. Principal Office Address		3. Mailing Office Address	
PO Box 21768		PO Box 21768	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Greensboro, NC		City & State: Greensboro, NC	
Zip: 27420	Country: USA	Zip: 27420	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-3556975 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $7.5 Additional Fee required if Certificate of Status

7. Name and Address of Current Registered Agent

Name: William Castelli

Street Address (P.O. Box Number is Not Acceptable): 4244 St Johns Ave

Suite, Apt. #, Etc.: LS

City	State	Zip Code
Jacksonville	FL	32210-2102

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: William J Castelli — Date: 10/22/01
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Lawrence M Cohen	4615 Dundas Dr	Greensboro NC 27407
VTD	John K Cohen	4615 Dundas Dr	Greensboro NC 27407
VD	Russell L Cohen	4615 Dundas Dr	Greensboro NC 27407
VSD	Richard I Backer	4615 Dundas Dr	Greensboro NC 27407
VASD	Martin M Bernstein	4615 Dundas Dr	Greensboro NC 27407

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 617.1401, 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(4)(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: Martin M. Bernstein — 10/22/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Martin M. Bernstein

FL010 - 10/03/01 CT System Online