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05 NOV -8 PM 5:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000116680
1- Corporation Name
BIRDIE PAR CORP.

2. Principal Office Address
4540 OAK TREE CT
Suite, Apt. #, etc.

3. Mailing Office Address
c/o Holland & Knight LLP
Suite, Apt. #, etc.
10 St. James Ave

City & State
DELRAY BEACH, FL **Boston, MA**

Zip Country Zip Country
33445 **UNITED STATES** **02116** **UNITED STATES**

REINSTATEMENT 2005
CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida **12/21/00**

5. FEI Number **65-1090264** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED See 7b. Additional Fee required for a certificate of status.

7. Name and Address of Current Registered Agent

Name **CORPORATION SERVICE COMPANY**

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, Etc.

City **TALLAHASSEE** State **FL** Zip Code **32301**

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 *Laura R. Dunlap* **Laura R. Dunlap** as its agent Date **11/9/05**

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
PSD	GOUCHBERG, GERALD	4540 OAK TREE CT	DELRAY BEACH, FL 33445
VD	GOUCHBERG, LYTA	4540 OAK TREE CT	DELRAY BEACH, FL 33445

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)(f), 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: *Gerald Gouchberg* **Gerald Gouchberg** Date **11/24/05** Daytime Phone # **761-599-4343**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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**Florida Department of State
Division of Corporations
Public Access System**

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
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CORPORATION REINSTATEMENT

BIRDIE PAR CORP.

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