## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT	# <b>F</b>	01	000	000	40	24	ļ

1. Corporation Name

## USA PARKING SYSTEM, INC.

Principal Place of Business

Mailing Address

2401 21ST AVENUE SOUTH

STE. 200 NASHVILLE TN 37212 2401 21ST AVENUE SOUTH STE. 200 NASHVILLE TN 37212

FILED



If above a	ıddresses are	incorrect in any way, line th	rough incorrect i	information ar	nd enter c	orrection below.	10/31/	0024540 0301084028	**150.00	
				ling Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 07/31/2001  5. FEI Number Applied For				
Suite, Apt. #; etc.		'Suite, Apt. #, etc.								
City & State City		City & State	y & State			62-1861889 Not Appl				
Zip		Country	Zip		Country	,	6. CERTIFICATI	E OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer and	l/or Director (Flo	orida nonprofi	t corporat	tions must list at le	ast 3 directors)			
Title(s)	Title(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
S	ABBOTT, HENRY J			2401 21ST AVENUE SOUTH, SUITE 20			TE 20	NASHVILLE TN 37212		
## Chairman					2401 21ST AVENUE SOUTH, SUITE 20			NASHVILLE TN 37212		
President	BODENHAMER, WILLIAM JR			2401 21ST AVENUE SOUTH, SUITE 20			TE 20	NASHVILLE TN 37212		
OFFED Treasure	OFFICE COMMISSION ( )			2401 21ST AVENUE SOUTH, SUITE 20			TE 20	NASHVILLE TN 37212		
co-chair, C.O.D	1	nuel Eads		2401	21 <sup>st</sup>	Avenue S	South	Nashville	TN 37212	
	8 Nam	e and Address of Current	Registered Age	ent	<del></del>	<del>-</del>	9 Name and	Address of New Pegister	and Ament	
Name					Name	9. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525					Street Address (i	ss (P.O. Box Number is Not Acceptable)				
					Suite, Apt. #, Etc	e, Apt. #, Etc.				
					_	City	····		tate Zip Code	
		e registered agent of the ab	ove named corp	Cyr	nthia	L. Harris	bligations of Sect	,	,	
Signature of Registered	Agent L	mthate	JONNO.	. 8	is its	agent	•	Date 10/20	105	

REGISTERED AGENT MUST SIGN

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 filling 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.