

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P97000035437

1 Corporation Name

U-Park System of Florida, Inc.

Principal Place of Business Mailing Address
840 Carondelt St. 840 Carondelt St.
New Orleans, LA 70130 New Orleans, LA 70130

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida April 18, 1997

5. FEI Number 59-3445086

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CP	Fernando M. Davila, Jr.	840 Carondelt St.	New Orleans, LA 70130
CVP	Molly Potts Phillips	2658 W. Dravus St.	Seattle, WA 98199
CS/T	Kenneth M. Phillips, Jr.	1734 Magnolia Way, West	Seattle, WA 98199
			300003071243--1 -12/15/99--01069--006 ***900.00 ***900.00

8. Name and Address of Current Registered Agent

H. Bart Fleet
1201 Eglin Parkway
Shalimar, FL 32579

9. Name and Address of New Registered Agent

Name same
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent to the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent



Date

REGISTERED AGENT MUST SIGN


11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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:

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


FERNANDO M. DAVILA, JR.
U-Park System of Florida, Inc.

Date

Daytime Phone #

11/23/99

FILED

99 NOV 29 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-99

CPRE081 (12/98)