

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 21 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000000310**

1. Corporation Name

System Parking, Inc.

7403 000018663

2. Principal Office Address

111 E. Wacker Drive

3. Mailing Office Address

111 E Wacker Drive

Suite, Apt. #, etc.

1407

Suite, Apt. #, etc.

1407

City & State

Chicago, IL

City & State

Chicago, IL

Zip

60601

Country

COOK

Zip

60601

Country

COOK

REINSTATEMENT 00-03

500021173855

06/27/03--01035--006 **1200.00

4. Date Incorporated or Qualified
To Do Business in Florida

1/18/96

5. FEI Number

951623190

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

The Prentice-Hall Corporation System, Inc.

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

1201 Hays Street

Suite, Apt. #, Etc.

Suite 105

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

Brian Courtney
Asst. V. Pres.

REGISTERED AGENT MUST SIGN

Date

7/18/03

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
PC	Thomas P Phillips	111 E. Wacker Suite 1407	Chicago / IL / 60601
V	Dennis P. Quinn	"	"
ST	John Phillips	"	"
D	Jose Miyar	"	"

REINSTATEMENT 00-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/03

Date

302 819 5043

Daytime Phone #

CR2E081 (10/02)