

2005 FOR PROFIT CORPORATION REINSTATEMENT

105

DOCUMENT # J74522 1. Entity Name PARKWAY PARKING OF FLORIDA, INC.						FILED 05 NOV -4 PM 3:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business % PARKWAY CORPORATION 150 NORTH BROAD STREET PHILADELPHIA, PA 19102-1424				Mailing Address % PARKWAY CORPORATION 150 NORTH BROAD STREET PHILADELPHIA, PA 19102-1424			
2. Principal Place of Business		3. Mailing Address		 REINSTATEMENT 2005			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 58-1735519				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> SIGNATURE: <u>Cynthia L. Harris</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> Cynthia L. Harris as its agent </div> <div style="width: 20%; text-align: right;"> <u>11/4/05</u> <small>DATE</small> </div> </div>							
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00				<small>(NOTE: Registered Agent signature required when reinstating)</small>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO ZURITSKY, JOSEPH S. 150 NORTH BROAD STREET PHILADELPHIA, PA 19102 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1SVP WINIGRAD, ETTA 150 NORTH BROAD STREET PHILADELPHIA, PA 19102 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	200060722092 10/18/05--01071--015 **\$750.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO ZURITSKY, ROBERT 150 NORTH BROAD STREET PHILADELPHIA, PA <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCAO CAROMANO, DIANA 150 N BROAD STREET PHILADELPHIA, PA 19102 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPgc Howard Trachtman 150 N Broad Street Phila PA 19102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VRPM BONI, ANNA 150 NORTH BROAD STREET PHILADELPHIA, PA 19102 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPKcm <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPA WINIGRAD, JAKE 150 NORTH BROAD STREET PHILADELPHIA, PA 19102 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPBm <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>10/14/05</u> <u>(215) 589-8400</u> <small>Date Daytime Phone #</small>			



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 690206 5055789

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : November 4, 2005

ORDER TIME : 11:11 AM

ORDER NO. : 690206-005

CUSTOMER NO: 5055789

DOMESTIC FILINGS

NAME: PARKWAY PARKING OF FLORIDA,
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris - Ext# 2937

EXAMINER'S INITIALS _____

RECEIVED
05 NOV -4 PM 4:31
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
STATE