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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 OCT 14 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800265437538

CR2E041 (1/14)

DOCUMENT # L13000150969

1. Limited Liability Company's Name

Parc Place Parking, LLC

2. Principal Office Address - No P.O. Box #

2000 Collins Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

26 Harbor Park Drive

Suite, Apt. #, etc.

Legal Department

City & State

Miami Beach, FL

City & State

Port Washington, NY

Zip

33139

Country

USA

Zip

11050

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/25/2013

6. FEI Number

46-3981477

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. 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

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Courtney Williams

Asst. Vice President

Date 10.14.14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Bert E. Brodsky	26 Harbor Park Drive	Port Washington, NY 11050

11. E-mail Address: mloria@sandata.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 10/14/2014 Daytime Phone # 516-484-4400

Typed or printed name of signing Authorized Representative/Manager Bert E. Brodsky

RG 10/14/14



CORPORATION SERVICE COMPANY

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ACCOUNT NO. : I20000000195

REFERENCE : 336798 4324403

AUTHORIZATION :

COST LIMIT : \$ 238.75

[Signature]

ORDER DATE : October 14, 2014

ORDER TIME : 3:23 PM

ORDER NO. : 336798-005

CUSTOMER NO: 4324403

DOMESTIC FILINGS

NAME: PARC PLACE PARKING, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
14 OCT 14 PM 4:02