

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 26 AM 9:40

DOCUMENT # P01000012027

1. Corporation Name

PRESERVED PARKING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



500025071065
11/26/03--01049--002 **750.00

Principal Place of Business

Mailing Address

1181 MORSE BLVD.
SINGER ISLAND FL 33404

1181 MORSE BLVD.
SUITE 500E
SINGER ISLAND FL 33404

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

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 56-2379905

Applied For

City & State

City & State

APPLIED FOR

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	HASKINS, RICHARD V	1181 MORSE BLVD.	SINGER ISLAND FL 33411

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DRIVE
SUITE 500E
WEST PALM BEACH FL 33401

Name RICHARD J. HASKINS
Street Address (P.O. Box Number is Not Acceptable)
1181 MORSE BOULEVARD
Suite, Apt. #, Etc.

City Singer Island

State FL Zip Code 33404

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-14-2003

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 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

10-14-2003 5618441131

Date

Daytime Phone #

CR2E040 (7/03)