

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -3 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000051845

1. Corporation Name

PARKING ENFORCEMENT INC.

600009321156
12/03/02--01061--023 **150.00

2. Principal Office Address

7368 Westport Place

3. Mailing Office Address

7368 Westport Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Bch, FL

City & State

West Palm Bch, FL

Zip

33413

Country

USA

Zip

33413

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/25/01

5. FEI Number

04-3621617

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GAIL L. ROSARIO CPA

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

14729 DRAFTHORSE LN.

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33414

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

Gail L. Rosario CPA

REGISTERED AGENT MUST SIGN

Date

10/31/02

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
D	AMADO LOPEZ	7368 WESTPORT PL.	WEST PALM BCH, FL 33413

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)(f), 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:

Amado Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

City/State/Phone #
Daytime Phone #

CR2ED01 (9/01)

Gail L. Rosario C.P.A.

14729 Drafthorse Lane
Wellington, Florida 33414
561-795-9731
561-792-9842 fax
.....*gailrosario@hotmail.com*.....

November 1, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To whom it may concern,

Please waive the late fee and reinstatement Parking Enforcement Inc. as a corporation in Florida. We didn't receive any notices regarding the yearly fee due. Enclosed is a check for \$150.00 for the annual fee.

Sincerely,

Amado Lopez
Director, Parking Enforcement Inc.