

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000009869

1. Entity Name  
VERTICAL PARKING SYSTEMS, INC.



Principal Place of Business  
19 WEST FLAGLER STREET, SUITE 602  
MIAMI, FL 33130

Mailing Address  
19 WEST FLAGLER STREET, SUITE 602  
MIAMI, FL 33130

REINSTATEMENT

FILED  
05 MAR -2 PM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business  
15 SW 10th Terrace

3. Mailing Address  
Same

Suite, Apt. #, etc.  
Hallandale

Suite, Apt. #, etc.

City & State  
Florida

City & State

Zip  
33009

Country  
USA

Zip

Country

02252005 REIN-P CR2E098 (6/04)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HERSH, BRIAN R  
19 WEST FLAGLER STREET, SUITE 602  
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name  
Higinia Castro

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

15 SW 10th Terrace

Hallandale Fl. 33009

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.

SIGNATURE

*[Signature]*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
CASTRO, HIGINIA  
19 WEST FLAGLER STREET SUITE 602  
MIAMI, FL 33130 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
500047929465  
03/08/05--01023--003 \*\*\$300.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
NAVARRO, EMILIO  
19 WEST FLAGLER STREET, SUITE 602  
MIAMI, FL 33130 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
LICHTI, WAYNE  
19 WEST FLAGLER STREET, SUITE 602  
MIAMI, FL 33130 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
MARTINEZ, BERNICE  
19 WEST FLAGLER STREET, SUITE 602  
MIAMI, FL 33130 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #