

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P17000028578

1. Corporation Name

City Parking, Inc.

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

100 Ashley Drive South

Suite, Apt. #, etc.

Suite 600

City & State

Tampa, FL

Zip

33602

Country

USA

3. Mailing Office Address

100 Ashley Drive South

Suite, Apt. #, etc.

Suite 600

City & State

Tampa, FL

Zip

33602

Country

USA

800377971098
12/13/21--01009--016 **35.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/27/2017

5. FEI Number

38-4033498

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Michael Gierlach

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

100 Ashley Drive South

Suite, Apt. #, Etc.

Suite 600

City

Tampa

State

FL

Zip Code

33602

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

[Signature]

Date 12-09-21

REGISTERED AGENT MUST SIGN

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 |
|------------------|--------------------------------------|---------------------------------------------------|------------------------|
| <u>VP</u> | <u>Michael Gierlach</u> | <u>100 Ashley Drive South</u> | <u>Tampa, FL 33602</u> |
| <u>President</u> | <u>Michael Jacob</u> | <u>100 Ashley Drive South</u> | <u>Tampa, FL 33602</u> |
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10. E-mail Address: MIJACOB@Cityparkinc.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, 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 in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-9-2021 (710) 265-7272

Date

Daytime Phone #