

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # P 94000059119

00 FEB -9 PM 3:15

1. Corporation Name

SOUTH FLORIDA PARKING INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1685 Colling Avenue

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2213 SW 173 Ave

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

8/8/94

5. FEI Number

65-0586089

Applied For

Not Applicable

City & State

Miami Beach Florida

City & State

Miramar, Florida

Zip

33139

Country

Dade

Zip

33029

Country

Broward

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPS	ALFRED LARIVIERE	2213 SW 173 Ave	MIRAMAR FL.33029
VT	DEAN BARDINO	4071 SW 51 ST	FT LAUDERDALE FL33314
			200003137482--8 -02/18/00--01068--005 ***1050.00 ***1050.00

REINSTATEMENT

98-02  
[Signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

ALFRED LARIVIERE

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

2213 SW 173 Ave

Suite, Apt. #, Etc.

City

Miramar, Fl

State

FL

Zip Code

33029

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.

Signature of  
Registered Agent X

REGISTERED AGENT MUST SIGN

Date 1/28/2000

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #