

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 13 PM 5:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000059119**

1. Corporation Name

South Florida Parking inc.

2. Principal Office Address **1040w. Bel Aire**

Alfred Lariviere Dr

Suite, Apt. #, etc.

City & State

Pembroke Pines

Zip **33027**

Country **US**

3. Mailing Office Address

1040w. Bel Aire Dr.

Suite, Apt. #, etc.

City & State

Pembroke Pines Fl.

Zip **33027**

Country **US**

300004733313--0
-12/19/01--01068--005
******750.00 ****750.00**

REINSTATEMENT 2001

4. Date Incorporated or Qualified
To Do Business in Florida

Aug 94

5. FEI Number

65-0586089

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

Gary Mandell

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

5722 S FLAMINGO Rd #287

Suite, Apt. #, Etc.

Couper City FL 33330

City

Couper City

State

FL

Zip Code

33330

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

11/12/01

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
Pres.	Alfred Lariviere	1040 W. Bel Aire Dr.	Pembroke Pines Fl. 33027
Vice Pres.	Dean Bardino	1600 W. 21st St Sunset Island #4	Miami Beach Fl. 33139

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)(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] **(Alfred Lariviere)**

Date

11/12/2001 (954) 447 2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E081 (9/00)