

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 SEP 29 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000059487**

1. Corporation Name

PROFESSIONAL PARKING MANAGEMENT, INC.

Principal Place of Business

Mailing Address

501 FAIRWAY DRIVE
DEERFIELD BEACH FL 33441

501 FAIRWAY DRIVE
DEERFIELD BEACH FL 33441

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Professional Parking Mgmt.
Suite, Apt. #, etc.
3365 NORTH Federal Hwy
City & State
FORT LAUDERDALE FLA.
Zip
33308
Country

Professional Parking Mgmt.
Suite, Apt. #, etc.
3365 N. Federal Hwy.
City & State
FORT LAUDERDALE FLA.
Zip
33308
Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/12/1994

5. FEI Number

65-0132148

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	DIPRATO, JOHN	501 FAIRWAY DRIVE	DEERFIELD BEACH FL 33441
			100002310601--5 -10/02/97--01118--002 ****915.00 ****915.00
			REINSTATEMENT 96-97
			5C 10-2-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

John DiPrato

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

3365 North Federal Hwy

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33308

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 9/25/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

President

John J. DiPrato

Date

9/25/97

Daytime Phone #

954-864-2942

CR2E040 (7/96)