

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

AND  
FILED

97 JAN -9 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000000535**

1. Corporation Name

**B'S PARKING, INC.**

Principal Place of Business

Mailing Address

154 GUAVA AVE  
WEST PALM BEACH FL 33413  
400 BANYAN ST.  
WEST PLM

154 GUAVA AVE  
WEST PALM BEACH FL 33413  
PO Box 936  
West Palm Bch FL 33402

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



**REINSTATEMENT** 96

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business In Florida

12/26/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

400 BANYAN ST  
City & State

P.O. Box 936  
City & State

West Plm Beach, FL

West Plm Beach FL

Zip Country  
33401 US

Zip Country  
33402 US

5. FEI Number

Applied For

65-0640246

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DPVT	NISONGER, DAVID	154 GUAVA AVE	WEST PALM BEACH FL 33413
S	NISONGER, MARY	154 GUAVA AVE	WEST PALM BEACH FL 33413

000002054000--1  
-01/10/97--01066--001  
\*\*\*383.75 \*\*\*383.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NISONGER, DAVID  
154 GUAVA AVE  
WEST PALM BEACH FL 33413

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*David B. Nisonger*  
REGISTERED AGENT MUST SIGN

Date 9-27-96

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:

*David B. Nisonger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-27-96 402.329.6460  
Date Daytime Phone