PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | | | | NS BEFORE | | | |
|------------------------------------|--|--------------------------------------|-------------------------|---|---------------------------|------------------------|--------------------|---|
| | PORATI | | Kat Sec | therine cretary c | | | . 01 | FILED NOV-15 AM II: 07 |
| DOCU 1. Corpora | JMENT tion Name | | 8022 KING, INC. | | | | - | CRETARY OF STATE LLAHASSEE, FLORIDA |
| | | | | ffice Address V 92 Street | | - Rein | STA | TEVENTOR-01 |
| Suite, Apt. #, etc. Suite, Apt. #, | | | Suite, Apt. #, etc. | | | <u></u> | | |
| City & State | | | City & State | | | 4. Date incorp | | |
| Coral Gables, FL 33 | | | 1 ' | Coral Gables, FL | | | r 7528 | Applied For Not Applicable |
| Zip 33156 | | County Miami-Dade | Zip 33156 | | County Miami-Dade | G. CERTIFICATE | OF STATU | JS DESIRED S8.75 Additional Fee required for a Certificate of Status |
| | <u> </u> | | 7. Name | e and Add | ress of Current Regist | ered Agent | | |
| | Name MICHAEL MEYERS | | | | | | | |
| | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | -11/27/0101038 -012 |
| | 560 Suite, Apt. | 01 SW 92 Stree | <u>t </u> | | | | | ****600,00 *** 690,00. |
| | City Cora | al Gables | | | | | State FL | Zip Code 33156 |
| B. I, being | appointed the | registered agent of the at | ove named corporation | on, am fam | liar with and accept the | obligations of section | on 607.05 | 05 or 817.0503, F.S. |
| Signature of Registered | | | | | 2 | | Date | 05 or 617.0503, F.S |
| Coguster ou | -goru | | GESTERED AGEN | FULST ST | GN | | Date | δ |
|). Names | and Street A | ddresses of Each Officer a | nd/or Director (Florida | nonprofit o | corporations must list at | least 3 directors) | r | |
| Tides | | Name of Officers and/or Directors | | Street Address of Each Officer and/or Director | | | | City / State / Zip |
| D | MICHAEL MEYERS | | | 5601 SW 92 Street | | Cora | 1 Gables, FL 33156 | |
| | | | | | | | | |
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| | · | | | | ··· | | | |
| 1 | | | | | | | i | tion of the state |

MICHAEL MEYERSNovember 14.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

STEELE & HANSON, P.A.

Attorneys At Law

Museum Tower • Penthouse 150.West Flagler Street Miami, Florida 33130

Telephone: 305-379-7001 Facsimile: 305-379-7008 Email: info@steelehanson.com

November 14, 2001

VIA FEDERAL EXPRESS

Corporate Access, Inc. 236 East 6th Avenue Tallahassee, Florida 32303

Re: 4 Parking, Inc.

Corporation Reinstatement

Dear Nikki or Christy,

We are enclosing the original Corporation Reinstatement for the above referenced corporation. We have been advised by the Florida Secretary of State that the reinstatement fee is \$600.00 of which we have also enclosed.

Please have a representative of Corporate Access, Inc. walk this through the Secretary of State's office so that the corporation will be reinstated within 24 hours.

Would you please telefax copies of any documents that the Florida Secretary of State's office date stamps to indicate that the company has been reinstated and then Federal Express the originals to our office. Should you have any questions, please do not he sitate to call. As always thank you for your assistance.

Very truly yours,

Christiane De Soto Litigation Specialist

cd

Enclosures

| CORPORATE A | |
|----------------------------|--|
| ACCESS, | 236 East 6th Avenue . Tallahassee, Florida 32303 |
| \ | P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 Fax (850) 222-1666 |
| | F.O. DOX 37000 (32313-7000) (630) 222-2000 01 (600) 703 1000 1242 (600) |
| | PICK UP 11/15/0 |
| CERTIFIED COPY | |
| | FILING REINSTOFFENERT |
| CORPORATE NAME & DOCUMEN | ng, T |
| (CORPORATE NAME & DOCUMEN | IT#) |
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| PECIAL INSTRUCTIONS | * |
| ý . | DEPARTMENT OF STATE BIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA |
| | ST & MA ST VON TO |
| CALL T | "When you need ACCESS to the world" THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU! |
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