	PLEASE READ	ALL INST	RUCTIONS		OMPLETIN	IG THIS FORM		
			DEPARTMENT OF STATE Katherine Harris					
FOR			Secretary of State			FILED		
REIN		Div	DIVISION OF CORPORATIONS			10 ¹		
DOCUMENT # P97000090409 1. Corporation Name						99 NOV 17 AM 10: 30		
	E VALET PARKING SER	VICE, INC.			SEC	RETARY OF STAT	Ê. DA	
Principal Place of Business Mailing Address			85					
	et i sle trail RTH, FL 334 67		SS61 EGRET ISLE TRAIL LAKE WORTH FL 33467					
A Doug a	addresses are incorrect in any way time t	brough incorrect inf	iormation and enter or		EINST	ATEMENT	99	
A bove addresses are incorrect in any way, line through incorrect information and enlar correction below. Image: Cor						4. Date incorporated or Qualified To Do Business in Floride 10/201/1007		
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. FEI		10	/20/1997	
City & Stat	te	City & State	s State			65-0791466	Applied For Not Applicable	
Zip Country		Zip	Zip Country		6. CERTIFICATE OF STATUS DESIRED		5 Adobern Forrequired e.a.Conbin Peol Statics	
7. Names	and Street Addresses of Each Officer an	d/or Director (Flor			st 3 directors)			
Title(s) 1	Name of Officers and/or Directors	Name of Officers end/or Directors 3		treet Address of Each Micer and/or Director		City / State / Zip /		
D	D TOSI, SALVATORE		5581 EGRET ISLE TRAIL			LAKE WORTH FL 33467		
			· :		1000030610918 -12/08/9901019003 *****750.00 *****750.00 -			
					LS			
8. Name and Address of Current Registered Agent Name						9. Name and Address of New Registered Agent		
TOSI,	SALVATORE							
5581 EGRET ISLE TRAIL					Street Address (P.O. Box Number is Not Acceptable)			
	WORTH FE 33407		Sulte, Apt. #, Etc. City State Zip Code					
10. I. bein	ig appointed the registered agent of the a	bove named corpo	ration, em femilier wit	-	ligations of Section	FL		
Signature c Registered	of Salvator		REQU	IRED	1997 - 200 € 19 	Date 11/12	199	
this reir owed b	y that I am an officer or director or the rec instatement application, the reason for dis by the corporation have been paid and th application is true and accurate, and my	solution has been of individu	eliminated, the corpor uals listed on this form	rate name antisfies (In do not qualify for a	the requirements o an exemption unde	f section 607.0401 or 617.0	401, F.S., that all fees	
SIGNA		TOU			11/12/9	<u>4 561-4</u> Delo D	139 -8909 Wine Prone #	