PLEASE READ ALL INSTRUCTIONS BEFORE COMI

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FLORIDA DEPARTMENT OF STATE **FILED CORPORATION Katherine Harris** May 10 2000 8:00 am REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS Secretary of State DOCUMENT # 1. Corporation Name INNOVATIVE PARKING SERVICES, INC. 2. Principal Office Address 3. Mailing Office Address REINSTATEMEN 2106 Harbkhead Suite, Apt. #, etc. Date Incorporated or Qualified Applied For 525225 Not Applicable Country \$8.75 Additional Fee required for a Certificate of Status 7. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) ****90**()**.00 Suite, Apt. #, Etc. City State Zip Code 8. I, being appointed the registered agent of the above named comparation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent HEGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each Titles City / State / Zip Officers and/or Directors Officer and/or Director KE 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 into indicated