

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P8192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 SEP 13 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P90 000081717

1. Corporation Name

AMERICAN PARKING SERVICES INC.

2. Principal Office Address

1942 S.W. 8th STREET

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL 33135

Zip Country
33135 U.S.A.

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/98

5. FEI Number

Applied For
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ELFRE MACENZIE

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

1942 S.W. 8th STREET

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33135

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent X

REGISTERED AGENT MUST SIGN

Date 09/12/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	MIGUEL CABRAL	603 DEL PARQUE STREET #3	SAN JUAN, PUERTO RICO 00909

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 taxes and fees the requirements of section 607.0401 or 617.0401, F.S. and 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)(f), 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:

MIGUEL CABRAL

09/12/00

305 3361417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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CORPORATION REINSTATEMENT

AMERICAN PARKING SERVICES, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$908.75