


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P99000005881**

1. Corporation Name

PARKING LOT AUTO TRANSPORT INC.

Principal Place of Business

9609 RIVERSIDE DR #B-1
CORAL SPRINGS FL 33071

Mailing Address

9609 RIVERSIDE DR #B-1
CORAL SPRINGS FL 33071

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

2. New Principal Office Address, If Applicable

4734 SW 13 PL
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4734 SW 13 PL
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

01/15/1999

5. FEI Number

650895903

Applied For

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	JASON GALASSO	4734 SW 13 PL	Deerfield Id Bch FL 33442
			400003516434-8
			12/29/00-01004-013
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

GALASSO, JASON
9609 RIVERSIDE DRIVE #B1
CORAL SPRINGS FL 33071

9. Name and Address of New Registered Agent

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

[Signature]

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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:

[Signature]

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

934 5205476
Daytime Phone #

CR2040 (8/00)

(2)

To Whom It May Concern:

I never received the first UBR form that was sent to me. After receiving a late notice, I called and requested a new UBR form. After receiving it, I sent it in with a check which never cleared. I called your office to see why it had not cleared and was told you never received my form. I was told to send this form in with the \$150.00 renewal fee.

Thank you,



Jason Galasso