

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P99000005881*

1. Corporation Name

Parking Lot Auto Transport Inc.

2. Principal Office Address - No P.O. Box #

100 E. Linton Blvd.

Suite, Apt. #, etc.

308A

City & State

Delray Beach FL.

Zip

33486

Country

Palm Beach

3. Mailing Office Address

100 E. Linton Blvd.

Suite, Apt. #, etc.

308A

City & State

Delray Beach FL.

Zip

33486

Country

Palm Beach

7. Name and Address of Current Registered Agent

Name

Wamperonne Hillier

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

6617 Winfield Blvd.

Suite, Apt. #, Etc.

#1-7

City

Margate

State

FL

Zip Code

33063

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

Wamperonne Hillier
REGISTERED AGENT MUST SIGN

Date

5/1/08

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	Wamperonne Hillier	6617 Winfield Blvd. # 1-7	Margate FL. 33063

REINSTATEMENT

2001-08

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 contained in Chapter 119, 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:

Wamperonne Hillier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/1/08

Daytime Phone #

FILED

2008 MAY 28 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/28/08--01001--027 **1200.00

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