PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 24 PM 12:18

DOCUMENT # P99000033261

1. Corporation Name

AMERIPARK FLORIDA, INC.

800031845068
04/05/04--01064--027 **1200.00

REINSTATEMENT 01-04

2. Principal Office Address		3. Mailing Office Address	
c/o Laz Parking, Ltd.		c/o Laz Parking, Ltd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
15 Lewis Street		15 Lewis Street	
City & State		City & State	
Hartford, CT		Hartford, CT	
Zip	Country	Zip	Country
06103	USA	06103	USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/12/1999

5. FEI Number: 06-1543189 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System

800031845068
04/05/04--01064--026 **17.50

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road., Suite 250

Suite, Apt. #, Etc.:

City	State	Zip Code
Plantation	FL	33324

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: Connie Bryan Special Asst. Secretary — Date: 3/24/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
P/D	Alan Lazowski	1010 Prospect Street	Hartford, CT 06105
S/D	Jeffrey Karp	12 Thompson Road	Wayland, MA 01776
V	Michael Kuziak	120 Bashan Road	East Haddam, CT 06423

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

SIGNATURE: _____ 3/16/04 860-522-7641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Alan Lazowski, President