


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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

FILED
00 NOV 29 AM 10:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 5836008

1. Corporation Name

Dimensional Parking Technologies Corporation

2. Principal Office Address		3. Mailing Office Address	
One Design Center Place		One Design Center Place	
Suite, Apt. #, etc. Suite 715		Suite, Apt. #, etc. Suite 715	
City & State Boston, MA		City & State Boston, MA	
Zip 02210	Country USA	Zip 02210	Country USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 9/30/91

5. FEI Number
04-3258581

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

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

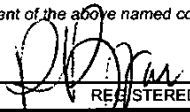
Zip Code

32301

800003496498--3
12/12/00 010251-003
****750.00 ****750.00

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



ROBERT BRANCH, SENIOR VP

Date 11/28/2000

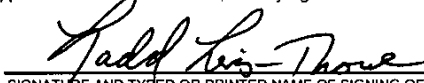
REGISTERED AGENT MUST SIGN

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	Ladd M. Levis-Thorne	1 Design Center Place, #715	Boston, MA 02210
VP, D	James N. Levis	1 Design Center Place, #715	Boston, MA 02210
S	Pradip Tandon	1 Design Center Place, #715	Boston, MA 02210
D	Ross Farrar	1 Design Center Place, #715	Boston, MA 02210
D	Charles Redmon	1 Design Center Place, #715	Boston, MA 02210
D	William Box	1 Design Center Place, #715	Boston, MA 02210

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:


Ladd M. Levis-Thorne

, President

617 790 3070

Date

Daytime Phone #

KE