

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 829843**

1. Corporation Name  
**T.R. & G. LEASING CORPORATION**

Principal Place of Business Mailing Address  
**6515 ANNO AVE. 6515 ANNO AVE.**  
**ORLANDO FL 32809 ORLANDO FL 32809**

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

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable  
**18 Third Street 18 Third Street**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
**Biglerville, PA Biglerville, PA**  
 Zip Country Zip Country  
**17307 USA 17307 USA**

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**REINSTATEMENT 06-97**

4. Date Incorporated or Qualified To Do Business in Florida **04/05/1973**  
 5. FEI Number **34-1057550** 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	GERHART, PHYLLIS T	6515 ANNO AVE	ORLANDO, FL 00000
VSTD	ELLIS, GRETCHEN G.	6515 ANNO AVE	ORLANDO FL.
V	MILLER, BETH	6515 ANNO AVE	ORLANDO FL.
V	GERHART, H.M. III	6515 ANNO AVE	ORLANDO FL 32809

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 \*\*\*\*\*915.00 \*\*\*\*\*915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MOSS, MARVIN I., P.A.**  
**4651 SHERIDAN STREET**  
**SUITE 300**  
**HOLLYWOOD FL 33021**

Name **Marvin I. Moss, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable) **20801 Biscayne Boulevard**  
 Suite, Apt. #, Etc. **Suite 506**  
 City **Aventura, FL** State **FL** Zip Code **33180-1430**

10. I, being appointed 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]* REGISTERED AGENT MUST SIGN Date **7/3/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date **5/10/97** Daytime Phone # **717-677-8070**

CR2E040 (7/96)