

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
98 MAR 27 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H45515

1. Corporation Name
SYGNET LEASING COMPANY

Principal Place of Business Mailing Address
**5798 WEST SHORE DRIVE
NEW PORT RICHEY, FL 34652**

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		4. Date Incorporated or Qualified To Do Business in Florida 03/05/85	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-250 2 2	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
P	MARTHA PAPPAS	5798 WEST SHORE DRIVE	NEW PORT RICHEY, FL 34652
D	PAUL D. HODGE	5798 WEST SHORE DRIVE	NEW PORT RICHEY FL 34652
			900002475579-6 -04701798--01052--021 ***1781.25 ***1781.25
			REINSTATEMENT 90-98
			<i>G. Alan</i> 3/27/98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name FLORIDA FILING & SEARCH SERVICES, INC.	
		Street Address (P.O. Box Number is Not Acceptable) 3260 BALDWIN DRIVE	
		Suite, Apt. #, Etc.	
		City TALLAHASSEE	State FL
		Zip Code 32308	

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 *P.D. Hodge* Date **march 27, 1998**
REGISTERED AGENT MUST SIGN

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)(f), 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: *P.D. Hodge* **PAUL D. HODGE** **03/27/98** **(850) 668-4318**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)