

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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|-------------------------------------|---|---|
| APPLICATION FOR REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE |
| | | Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |

DOCUMENT # **L62167**

1. Corporation Name
**Southern Leasing Management
Commercial Real Estate Corp.**

| | |
|---|--|
| Principal Place of Business 10044 W McNabb TAMARAC FL 33321 | Mailing Address 11373 Lakeview Dr Coral Springs FL 33071 |
|---|--|

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 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|--|--|
| 4. Date Incorporated or Qualified To Do Business in Florida April 14 1990 | Applied For <input type="checkbox"/> Not Applicable |
| 5. FEI Number 65-0181539 | |
| 6. CERTIFICATE OF STATUS DESIRED <input 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)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|-----------------------------------|---|---|
| 1 | 2 | 3 | 4 |
| Pres | A. GOLDFARB | 11373 Lakeview Dr Coral Springs 33071 | Coral Springs FL 33071 |
| | | | 300002618283--9 -08/18/98--01007--022 ***1050.00 ***1050.00 |
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| | | | |

REINSTATEMENT

8. Name and Address of Current Registered Agent

**ARTHUR GOLDFARB
11373 Lakeview Dr
Coral Springs FL 33071**

9. Name and Address of New Registered Agent

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| Suite, Apt. #, Etc. |
| City |
| State FL |
| Zip Code |

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 
REGISTERED AGENT MUST SIGN

Date **8-6-98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8/6/98** Daytime Phone # **954-726-9590**