PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

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N9400000983

1. Corporation Name

SEMINOLE SCHOOL BOARD LEASING CORP.

Principal Place of Business

Mailing Address

400 E LAKE MARY BOULEVARD SANFORD FL 32773

400 EAST LAKE MARY BOULEVARD SANFORD FL 32773

US

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.

City & State

Zip
Country

Country

FILED

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4. D	Date Incorporated or Qualified To Do Business in Florida	02/25/1994	
5. FEI Number 59-3228993		Applied For	
	59 - 3228993	Not Applicable	
6.	EDTIFICATE OF STATUS DESIDES.	\$8.75 Additional Fee require	

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) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director City / State / Zip D BAUER, DIANE **423 EAGLE CIRCLE** CASSELBERRY FL 32707 CD ROBINSON, SANDY P.O. BOX 950138 N/A LAKE MARY FL 32795 VCD MORRIS, JEANNE 1921 WINGFIELD DR. LONGWOOD FL 32779 D FURLONG, LARRY 2320 WORTHINGTON ROAD MAITLAND FL 32751 D SCHAFFNER, DEDE 112 CEDAR POINT LANE LONGWOOD FL 32779 8. Name and Address of Current Registered Agent

HAGERTY, PAUL J 400 EAST LAKE MARY BOULEVARD SANFORD FL 32773 9. Name and Address of New Registered Agent

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

Suite, Apt. #, Etc.

Name

City

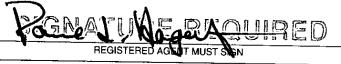
| FL |

Zip Code

State

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. or 617.0505, F.S.

Signature of Registered Agent



Date October 22, 2002

11. 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 filling 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

407-320-0003

Daytime Phone #

CR2E040 (8/02)