

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11/01/02--01112--001 **236.25

DOCUMENT # **N94000000983**

1. Corporation Name

SEMINOLE SCHOOL BOARD LEASING CORP.

Principal Place of Business

400 E LAKE MARY BOULEVARD
SANFORD FL 32773
US

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/1994

5. FEI Number

59-3228993

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	4 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

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. or 617.0505, F.S.

Signature of
Registered Agent

Paul J. Hagerty
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

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 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:

Sandy Robinson
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 22, 2002

Date

407-320-0003

Daytime Phone #

CR2E040 (8/02)