# Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850)224-8870
Fax Number : (850)222-1222

## CORPORATION REINSTATEMENT

### STAGE COACH SALES AND LEASING COMPANY

| | |
|---|---|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | ~~$908.75~~ |

$308.75

Please Credit 600.00 For Waiver of Reinstatement Fee
Thanks

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FILED

2009 MAY 28 P 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (12/00)

DOCUMENT # P03000117065

1. Corporation Name
STAGE COACH SALES AND LEASING COMPANY

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 1717 EAST FOWLER AVENUE | 1717 EAST FOWLER AVENUE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: TAMPA | City & State: TAMPA |
| Zip: 33612 Country: USA | Zip: 33612 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 10-21-03

5. FEI Number: ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $30.75 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: GEORGE J. KREGAS

Street Address (P.O. Box Number is Not Acceptable): 4020 HEADSAIL DRIVE

Suite, Apt. #, Etc.:

City: NEW PORT RICHEY State: FL Zip Code: 34652

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying that prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: George J. Kregas Date: 5/28/09
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| PST | GEORGE J. KREGAS | 4020 HEADSAIL DRIVE | NEW PORT RICHEY, FL 34652 |
| TREA | ANGELA L. PAPPAS | 331 BERENGER WALK | WELLINGTON, FL 33414 |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT
06-09

10. 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 607.1401 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 contained in Chapter 119, 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: George J. Kregas GEORGE J. KREGAS 5/29/09 727 359 9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #