

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 FEB 14 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000027107

1. Corporation Name

DANIEL JAMES LEASING CORP.

2. Principal Office Address

4315 NW 7 ST.

Suite, Apt. #, etc.

SUITE 21

City & State

MIAMI, FL.

Zip

33126

Country

USA

3. Mailing Office Address

4315 NW 7 ST.

Suite, Apt. #, etc.

21 suite

City & State

MIAMI, FL

Zip

33126

Country

USA

REINSTATEMENT 04-05

4. Date Incorporated or Qualified To Do Business in Florida

4-13-1993

5. FEI Number

650419398

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael Petkovich

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

4315 NW 7 ST

(Suite, Apt. #, Etc.)

21

City

MIAMI

State

FL

Zip Code

33126

8. I, being appointed the registrar of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

See below per telephone conversation

Date

2-8-05

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MICHAEL PETKOVICH	4315 NW 7 ST. suite 21	MIAMI FL 33126
T	MICHAEL PETKOVICH	4315 NW 7 ST. 21	MIAMI FL 33126
S	MICHAEL PETKOVICH	4315 NW 7 ST. 21	MIAMI FL 33126
V	MICHAEL PETKOVICH	4315 NW 7 ST 21	MIAMI FL 33126

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 607.0401 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:

MICHAEL PETKOVICH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-8-05

Daytime Phone #

(305)3456900

3456900

CR2E001 (01/05)