

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY -6 AM 10:42

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000055000

1. Corporation Name

DRIVER LEASING, INC.

2. Principal Office Address

1018 4th Street West

Suite, Apt. #, etc.

3. Mailing Office Address

1018 4th Street West

Suite, Apt. #, etc.

City & State

Bradenton, Florida

City & State

Bradenton, Florida

Zip

34205

Country

USA

Zip

34205

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

6/19/1998

5. FEI Number

65-0843966

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

99-03

7. Name and Address of Current Registered Agent

Name

Timothy A. Knowles, Esq.

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

1205 Manatee Avenue West

Suite, Apt. #, Etc.

City

Bradenton

State  
FL

Zip Code  
34205

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

Signature of  
Registered Agent

*Timothy A. Knowles*  
REGISTERED AGENT MUST SIGN

Date

4/28/03

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
D	Melvin Burston	1018 4th Avenue West	Bradenton, FL 34205
P	Melvin Burston	1018 4th Avenue West	Bradenton, FL 34205
S	Melvin Burston	1018 4th Avenue West	Bradenton, FL 34205
T	Melvin Burston	1018 4th Avenue West	Bradenton, FL 34205

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)(f), 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:

*Melvin F. Burston*, Melvin F. Burston 4-28-03

941-915-9989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/13/03

CR2E081 (10/02)