

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 OCT 27 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V63412**

1. Corporation Name
AMERICAN PROFESSIONAL LEASING, INC.

Principal Place of Business Mailing Address

27080 HICKORY BLVD. 27080 HICKORY BLVD.
BONITA SPRINGS FL 33959 ~~BONITA SPRINGS FL 33959~~



REINSTATEMENT 00

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/10/1992 SP	
City & State		City & State		5. FEI Number	
Zip		Zip		31-1360857	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	LAWYER, JOHN C.	1616 GRANT ST.	PORTSMOUTH OH
D	LAWYER, TODD M.	1616 GRANT ST.	PORTSMOUTH OH
D	LAWYER, RUTH A.	1616 GRANT ST.	PORTSMOUTH OH
D	LAWYER, J. DIRK	1616 GRANT ST.	PORTSMOUTH OH
D	LAWYER, BEAU S.	1616 GRANT ST.	PORTSMOUTH OH
D	LAWYER, BRETT M.	804 WEST MOUNT DR.	LOS ANGELES CA

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LAWYER, JOHN C 27080 HICKORY BLVD. BONITA SPRINGS FL 33959		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		300003470933--4 -11/20/00--01133--006 ****750.00 ****750.00 State Zip Code FL	

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.

Signature of Registered Agent: *John C. Lawyer* Date: 10/23/2000

REGISTERED AGENT MUST SIGN

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: *John C. Lawyer* 10/23/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)