

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

99 OCT 26 PM 5:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005007

1. Corporation Name

ALACHUA COUNTY SCHOOL BOARD LEASING CORPORATION

Principal Place of Business

Mailing Address

620 E UNIVERSITY AVE
GAINESVILLE FL 32601

620 E UNIVERSITY AVE
GAINESVILLE FL 32601

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

Date incorporated or Qualified
To Do Business in Florida

10/11/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City

59-3279327

Not Applicable

Zip

Country

Zip

Country

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
DP-D	RHEA, DARNELL Chester Leathers	620 E UNIVERSITY AVE	GAINESVILLE FL 32601
DV-DP	CAKE, WILLIAM H	620 E UNIVERSITY AVENUE	GAINESVILLE FL 32601
D-DV	SHARPE, BARBARA J	620 E UNIVERSITY AVENUE	GAINESVILLE FL
D	CARROLL, BEVERLY P	620 E UNIVERSITY AVENUE	GAINESVILLE FL
DV-D	RHEA, DARNELL Judy C. Brashear	620 E UNIVERSITY AVENUE	GAINESVILLE FL
ST	HUGHES, ROBERT W- Lawrence L. Marazza	620 E UNIVERSITY AVE	GAINESVILLE FL 32601

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Lawrence L. Marazza

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

620 E. University Avenue

Suite, Apt. #, Etc.

908883039339--2

City

Gainesville

-11/09/99-01041--005

***236.25 ***236.25

FL

32601

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

Lawrence L. Marazza
REGISTERED AGENT MUST SIGN

Date 10-20-99

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)(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:

William H. Cake
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William H. Cake

10-20-99 (352) 955-7529

Date

Daytime Phone #

CR2E040 (8/99)