APPROVED
AND
FILED

1996 DEC -9 PM 3:41

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instruction on Other Side Before Making Entries
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: **DOCUMENT # 440552**

Begui Leasing Company
9500 NW 12th Street, #4
Miami, FL 33172

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State Zip Code

3. If principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number		FEI Number Applied For	6. $8.75 Additional Fee required for a Certificate of Status
November 26, 1996	59-1565615		FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officer and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Director	Alberto Beguiristain	9500 NW 12th Street, #4	Miami, FL 33172
Director			
Director			
Director			

REINSTATEMENT 92-96
SCC 12-9-96

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Corporate Creations Enterprises, Inc.
4521 PGA Boulevard #211
Palm Beach Gardens, FL 33418

9. If changed, new registered agent/office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City | State FL | Zip

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 _____ Date _____

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

12. Does this corporation pay any intangible tax to the Department of Revenue under S. 199.032, Florida Statutes. YES ☐ NO ☐

13. 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. and that all fees owed by the corporation have been paid. 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 of Officer or Director _____ Date 12/2/96 Daytime Phone # 305 477 0001

Typed or printed name of signing officer or director ALBERTO BEGUIRISTAIN

440552

(2)

12/02/96 FLORIDA DIVISION OF CORPORATIONS 1:24 PM
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

(((H96000016878 6)))

TO: DIVISION OF CORPORATIONS FAX #: (904)922-4000

FROM: CORPORATE CREATIONS INTERNATIONAL INC. ACCT#: 073171003004
CONTACT: JOHNNY C RODRIQUEZ
PHONE: (305)672-0686 FAX #: (305)672-9110

NAME: BEGUI LEASING COMPANY
AUDIT NUMBER.....H96000016878
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..0 PAGES..... 4
CERT. COPIES.....0 DEL.METHOD.. FAX
EST.CHARGE.. $975.00

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** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>