

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 16 AM 9:52

DOCUMENT # 563378

1. Corporation Name
Palmetto Sales & Leasing, Inc.

2. Principal Office Address
4141 N. W. 145 St.

3. Mailing Office Address
4141 N. W. 145 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Opa Locka, FL

City & State
Opa Locka, FL

Zip
33054

Country
USA

Zip
33054

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 03/23/1978

5. FEI Number
591831940

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name
Ritter, Terry B.

Street Address (P.O. Box Number is Not Acceptable)
4141 N. W. 145 St.

Suite, Apt. #, Etc.

City
Opa Locka,

State
FL

Zip Code
33054

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

Date 07/09/2001

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
Pres	Ritter, Terry B.	4141 N. W. 145 St.	Opa Locka, FL 33054
VP/S	Ritter, Rebecca B.	4141 N. W. 145 St.	Opa Locka, FL 33054

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Terry B. Ritter

7/9/2001

Date

305-681-1278

Daytime Phone #

CR25001 (9/00)