

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 829843

1. Corporation Name

T.R. & G. LEASING CORPORATION

Principal Place of Business

6515 ANNO AVE.
ORLANDO FL 32809

Mailing Address

6515 ANNO AVE.
ORLANDO FL 32809

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

18 Third Street

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

18 Third Street

Suite, Apt. #, etc.

City & State

Biglerville, PA

City & State

Biglerville, PA

Zip

17307

Country

USA

Zip

17307

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/1973

5. FEI Number

34-1057550

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	GERHART, PHYLLIS T	6515 ANNO AVE	ORLANDO, FL 00000
VSTD	ELLIS, GRETCHEN G.	6515 ANNO AVE	ORLANDO FL.
V	MILLER, BETH	6515 ANNO AVE	ORLANDO FL.
V	GERHART, H.M. III	6515 ANNO AVE	ORLANDO FL 32809
			300002239903--1 -07/16/97--01100--003 *****915.00 *****915.00

8. Name and Address of Current Registered Agent

MOSS, MARVIN I., P.A.
4651 SHERIDAN STREET
SUITE 300
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

Marvin I. Moss, P.A.

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

20801 Biscayne Boulevard

Suite, Apt. #, Etc.

Suite 506

City

Aventura

State

FL

Zip Code

33180-1430

10. I, being appointed registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

7/3/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/97 717-677-8070
Date Daytime Phone #