

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 SEP -9 AM 7:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000005315

1. Corporation Name

Pyramid Leasing Inc. of Georgia

2. Principal Office Address

1670 Scabourough Rd
1670 Scabourough Rd
Suite, Apt. #, etc.

3. Mailing Office Address

1670 Scabourough Rd
Suite, Apt. #, etc.

City & State

Daytona Beach, Fla

City & State

College Park Georgia

Zip

32114

Country

USA

Zip

30849

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2000

5. FEI Number

57-3527234

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Willie R Powell

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

536 Walnut St

Suite, Apt. #, Etc.

A

City

Daytona Beach

State

FL

Zip Code

32114

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

Willie R Powell

Date 8-19-05

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
CEO	Willie R Powell	536 Walnut St St(A)	Daytona Beach FL 32114
CFO	Willie R Powell	4290 Jollette Rd	College Park GA 30849
SEC	Finarea Y Fountain	4290 Jollette Rd	College Park GA 30849
TRES	Ronald Richardson	536 Walnut St St(A)	Daytona Beach FL 32114
300059536223 09/12/05--01054--020 **481.25			

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:

Willie R Powell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-19-05 678449 4547
Date Daytime Phone #

CR2E081 (01/05)