

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F01000005315**

1. Corporation Name

Pyramid Leasing Inc. of Georgia

2. Principal Office Address - No P.O. Box #

534 Dr. MMB Blvd

Suite, Apt. #, etc.

Apt 1

City & State

Daytona Beach, Florida

Zip

32114

Country

USA

3. Mailing Office Address

4570 Scarborough Road

Suite, Apt. #, etc.

City & State

College Park, Georgia

Zip

30349

Country

USA

REINSTATEMENT

00-10

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

08-2627234

☐ 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

Andrea Fountain

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

534 Dr. MMB Blvd

Suite, Apt. #, Etc.

Apt 1

City

Daytona Beach

State

FL

Zip Code

32114

100183528891
07/21/10--01027--012 **1000.00
100183528891
07/21/10--01027--013 **50.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **7-19-2010**

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	Andrea Fountain	534 Dr. MMB Blvd Apt 1	Daytona Beach, FL 32114
CFO	Willie Powell	224 Avenue A	Waverly, FL 33877
Sec	Dekisquisa Powell	4570 Scarborough Road	College Park, Georgia 30349
Tre	Andrea Fountain	534 Dr. MMB Blvd Apt 1	Daytona Beach, FL 32114

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify 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] **ANDREA FOUNTAIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

07/19/2010

Daytime Phone #

770-990-9019