

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 FEB 27 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F02000000392

1. Corporation Name

CAPITAL LEASE, INC.

Principal Place of Business

Mailing Address

235 EAST BROADWAY #314  
C/O TOPTAINER  
LONG BEACH CA 90802

235 EAST BROADWAY #314  
C/O TOPTAINER  
LONG BEACH CA 90802

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

2. New Principal Office Address, If Applicable

800 BRICKELL AVE

Suite, Apt. #, etc.

SUITE 550

City & State

MIAMI, FL

Zip

33137

Country

USA

3. New Mailing Office Address, If Applicable

800 BRICKELL AVE

Suite, Apt. #, etc.

SUITE 550

City & State

MIAMI, FL

Zip

33137

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/23/2002

5. FEI Number

954638617

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
C	KARAN, IAN K	HARVESTENUNDER WEG 18	20148 HAMBURG, GERMANY
D	WINNIE, SIU	HARVESTENUNDER WEG 18	20148 HAMBURG, GERMANY
T	MOELLER, CHRISTOPHER	HARVESTENUNDER WEG 18	20148 HAMBURG, GERMANY
<del>S</del>	<del>DOUS, WILLEM</del>	<del>HARVESTENUNDER WEG 18</del>	<del>20148 HAMBURG, GERMANY</del>
S	PAIVA, CLAUDIO	800 BRICKELL AVE SUITE 550	MIAMI, USA FL 33131

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

500029529065

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Cynthia L. Harris*

Cynthia L. Harris  
as its agent

REGISTERED AGENT MUST SIGN

Date

2/27/04

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 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Claudio Paiva*

(CLAUDIO PAIVA -S)

OCT 31<sup>ST</sup> 2003

Date

Daytime Phone #

305 960 1960

CR2E040 (7/03)



CORPORATION SERVICE COMPANY™

2012

ACCOUNT NO. : 072100000032  
REFERENCE : 463625 7264385  
AUTHORIZATION : *Patricia Lopez*  
COST LIMIT : \$ 908.75

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ORDER DATE : February 27, 2004  
ORDER TIME : 3:38 PM  
ORDER NO. : 463625-005  
CUSTOMER NO: 7264385  
CUSTOMER: Ms. Lavidania Pena  
Capital Lease, Inc.  
Suite 550  
800 Brickell Avenue  
Miami, FL 33131-2970  
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REINSTATEMENT

NAME: CAPITAL LEASE, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: SUSIE KNIGHT EX 2956  
EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
04 FEB 27 PM 4:12  
DIVISION OF CORPORATION