

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 # **F94000003986**

1. Corporation Name

AMLEASE CORPORATION

Principal Place of Business

4421 STUART ANDREW BLVD
SUITE 200
CHARLOTTE NC 28217

Mailing Address

4421 STUART ANDREW BLVD
SUITE 200
CHARLOTTE NC 28217

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

08/01/1994

5. FEI Number

51-0349046

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
CEOS/D	FOTSCH, ROBERT M	4421 STUART ANDREW BLVD #200	CHARLOTTE NC 28217
B C/D	FOTSCH, ROBERT M MARIANO, STEVE	4421 STUART ANDREW BLVD #200 4401 BRADLEY DOWNS DRIVE	CHARLOTTE NC 28217 CHARLOTTE NC 28209
PD	BELL, DAVID G	4421 STUART ANDREW BLVD #200	CHARLOTTE NC 28217
D	HOLUB, JIMMY T	4421 STUART ANDREW BLVD	CHARLOTTE NC
T	THIGPEN, JOHN B.	4421 STUART ANDREW BLVD., STE.20	CHARLOTTE NC
D	PETER Castleman	237 GREENLEY RD,	NEW CANAN, CT 06840

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name: Hagen and Hagen, P.A.
Street Address (P.O. Box Number is Not Acceptable): 3970 Shenden Street
Suite, Apt. #, Etc: Suite 104
City: Hollywood
State: FL
Zip Code: 33021

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.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/11/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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

11/27/98 (704) 523-2191

CR2E040 (9/98)