

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

97 DEC -1 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000000190**

1. Corporation Name

LEASE WORLD CORPORATION

Principal Place of Business
**1181 S. ROGERS CIRCLE #19
BOCA RATON FL 33487-2710**

Mailing Address
**1181 S. ROGERS CIRCLE #19
BOCA RATON FL 33487-2710**



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/10/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

11-2585748

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CP	LICKER, MANNY	1181 S. ROGERS CIRCLE #19	BOCA RATON FL 33487

100002363671-4
-12/04/97-01113-013
****165.00 ****165.00

12/13

8. Name and Address of Current Registered Agent

**LICKER, MANNY
1181 S. ROGERS CIRCLE #19
BOCA RATON FL 33487-2710**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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.

Signature of
Registered Agent *Manny Licker Pres*
REGISTERED AGENT MUST SIGN

Date **11/26/97**

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 AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manny Licker Pres

11/26/97 561-994-3300

Date

Daytime Phone #

CR2E040 (9/97)

LEASE WORLD CORPORATION



EQUIPMENT LEASING

1181 SOUTH ROGERS CIRCLE • SUITE 19 • BOCA RATON, FLORIDA 33487
561-994-3300 • OUTSIDE OF FL 1-800-LEASE-30 • FAX 561-994-3301

November 26, 1997

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Document #F96000000190
Annual Report Filing

To whom it may concern:

Please be advised I recently received a notice indicating that the Annual Report fee was not received by your office.


Please be advised that I do not recall receiving any correspondence recently from your office. I checked with my accountant, and he has not received anything either.

Enclosed you will find the signed document along with our check in the amount of \$165.00. Would you kindly waive the late fee you requested.

Additionally, please note we are a New York Corporation operating in Florida. This may have added to the confusion.

Thank you for your cooperation in this matter.

Very truly yours,


Manny Licker
President

ML:tb

Attachment