

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 # F97000004347

1. Corporation Name

AMERICAN V TWIN LEASING, INC.

FILED

98 DEC -8 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

PO BOX 294
WALTHAM MA

5101 International DR
ORLANDO FL 32819

Mailing Address

PO BOX 294
WALTHAM MA

5101 International DR
ORLANDO FL 32819

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

08/19/1997

5. FEI Number

04-3300267

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)

| 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 |
|------------------|--|---|--|
| CD | KAITZ, ROBERT | 12121 LITTLE RD 10 GAIL RD NEWTON MA. 02162 | HUDSON FL 34667 NEWTON MASS 02162 |
| D | KAITZ, ROBERT | 12121 LITTLE RD 10 GAIL RD. NEWTON MA 02162 | HUDSON FL 34667 NEWTON MASS 02162 |
| DT | POIA, ANTHONY | 24 MAGNOLIA RD 5101 INTERNATIONAL DR | NATICK MA ORLANDO FL 32819 |
| S | O'BRIEN, JOHN J | 10 KEARNEY RD | NEEDHAM MA 02194 |
| REINSTATEMENT 98 | | | 73-12/10/98 |
| | | | 500002712195--8 -12/14/98--01135--003 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

| | |
|---|--|
| KAITZ, ROBERT 10 GAIL RD 12121 LITTLE RD STE 277 HUDSON FL 34667 ANTHONY PROIA 5101 INT DR ORLANDO FL 32819 | Name KAITZ ROBERT / ANTHONY PROIA Street Address (P.O. Box Number is Not Acceptable) 10 GAIL RD / 5101 INT. DR Suite, Apt. #, Etc. NEWTON / ORLANDO FL City MASS 02162 / FL 32819 |
|---|--|

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 12/1/98

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

12/1/98

407-903
0050
Date Daytime Phone #

CR2E040 (9/98)