

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 15 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-10

900172222189

03/15/10--01060--006 **1358.75
CR2E081 (11/09)

DOCUMENT #

1. Corporation Name

AMERICAN VTWIN Leasing INC.
F97 000004347

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

5135 International DR

3. Mailing Office Address

Same

4. Suite, Apt. #, etc.

Suite 11

5. Suite, Apt. #, etc.

Same

City & State

ORLANDO FL

City & State

Same

Zip

32819

Country

USA

Zip

Same

Country

Same

4. Date Incorporated or Qualified
To Do Business in Florida

10/2/97

5. FEI Number

04-33067
58-0012131096-S

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

ANTHONY PROIA

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

5135 International DR

Suite, Apt. #, Etc.

Suite 11

City

ORLANDO

State

FL

Zip Code

32819

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Anthony Proia

REGISTERED AGENT MUST SIGN

Date 03/01/10

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
P	Robert Kartz	10 Gail RD Newton mas 02162	Newton mass 02162
UP	ANTHONY PROIA	115 Selack	Davenport FL 33896
S	JOHN JOBRIEN	10 KEARNEY RD NEEDHAM mass 02194	Needham mass 02194

03/16

10. E-mail Address: amvtwinrich@hotmail.com

(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:

Anthony Proia

ANTHONY PROIA

03/01/10

407-903
0058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #