

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY -4 AM 7:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000003055

1. Corporation Name

Performance Leasing Systems, Inc.

2. Principal Office Address
4575 Via Royale

Suite, Apt. #, etc.
101

City & State
Fort Myers, FL

Zip Country
33919 USA

3. Mailing Office Address
P.O. Box 60042

Suite, Apt. #, etc.

City & State
Fort Myers, FL

Zip Country
33906-0042 USA

REINSTATEMENT 03-06

4. Date Incorporated or Qualified
To Do Business in Florida 05/23/1990

5. FEI Number
36-3728519

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
Nicholas A. Yoksich

Street Address (P.O. Box Number is Not Acceptable)
4575 Via Royale

Suite, Apt. #, Etc.
101

City
Fort Myers

State Zip Code
FL 33919

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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

REGISTERED AGENT MUST SIGN

Date 04/13/2006

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
CP	Nicholas A. Yoksich	2626 SE 19th Avenue	Cape Coral, FL 33904
V	Ronald E. Stroschein, Jr.	553 Marina Court	Wauconda, IL 60084

10. 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 contained in Chapter 119, 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

4/12/06

Date

239-277-7995

Daytime Phone #