

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000003055

1. Corporation Name

Performance Leasing Systems, Inc.

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

7779 Alister McKenzie Dr.

Suite, Apt. #, etc.

City & State

Sarasota

Zip

34240

Country

Sarasota

3. Mailing Office Address

PO Box 3108

Suite, Apt. #, etc.

City & State

Sarasota

Zip

34230-3108

Country

Sarasota

REINSTATEMENT 07-09

200162774752
11/13/09--01001--015 **450.00

CR2E081 (11/09)

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)

~~PO Box 3408~~ 7779 ALISTER MCKENZIE DR

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34240-0108

☒ 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

Date 11/12/2009

REGISTERED AGENT MUST SIGN

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	7779 Alister McKenzie Dr.	Sarasota, FL 34240
V	Ronald E. Stroschein, Jr.	553 Marina Court	Wauconda, IL 60084

10. E-mail Address: NickY@LeaseScan.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/2009 239-823-9069

Date

Daytime Phone #