

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR *96-98*  
REINSTATEMENT



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

APPROVED  
AND  
FILED

98 JAN 30 AM 8:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # G 18811

1. Corporation Name

**AUTOMOTIVE LEASING AND RENTAL SYSTEMS, INC.**

Principal Place of Business

Mailing Address

**490 W. HWY 434  
LONGWOOD, FL 32750 - OLD ADDRESS**

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

2. New Principal Office Address, If Applicable  
**2781 W. STATE ROAD 434**

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida **1/14/83**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number  
**59-2397120**

Applied For  
Not Applicable

City & State  
**LONGWOOD, FL**

City & State

Zip **32779** Country **USA**

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
P/T/D	SMITH, SCOTT P.	2781 WEST STATE RD. 434	LONGWOOD, FL 32779
S	SMITH, LANCE D.	2781 WEST STATE RD. 434	LONGWOOD, FL 32779

**REINSTATEMENT**

*900-Adm  
88.75-Adm  
96-98-25-AR  
A. Alan  
Jan. 30, 1998*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SMITH, LANCE D.  
2781 WEST STATE RD. 434  
LONGWOOD, FL 32779**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**300002422353--C**  
Suite, Apt. #, Etc. **-02/05/98--01062--001**  
City **\*\*\*1050.00 \*\*\*1050.00**  
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 *Lance D Smith*  
REGISTERED AGENT MUST SIGN

Date **1/27/98**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *Lance D Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/98 (407) 682-5988  
Date Daytime Phone #

CR2040 (12/96)