

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -8 PM 1:27

DOCUMENT # H35678

1. Corporation Name

COMMERCIAL EQUIPMENT LEASING, INC.

Principal Place of Business

Mailing Address

~~200 N. THORNTON AVE.~~
~~STE 101~~
~~ORLANDO FL 32801-9104~~

~~200 N. THORNTON AVE.~~
~~STE 101~~
~~ORLANDO FL 32801-9104~~

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1420 W. WASHINGTON ST.

1420 W. WASHINGTON ST.

City & State

City & State

ORLANDO FL

ORLANDO FL

Zip

Country

Zip

Country

32805

32805

4. Date Incorporated or Qualified To Do Business in Florida

12/27/1984

5. FEI Number

50-2551633

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	PHILLIPS, R. PATRICK	200 N. THORNTON AVE.	ORLANDO FL
DP	DAY, JOHN H.	8000 E. PERSHING 1420 W. WASHINGTON ST	ORLANDO FL 32805
T	Thomas W. Gursky	1420 W. WASHINGTON ST	ORLANDO FL 32805
S	Douglas Dupree	1420 W. WASHINGTON ST.	ORLANDO FL 32805

100003046551-1

11/17/99-01003-020

***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAY, JOHN, H
1420 W. WASHINGTON ST.
~~STE 101~~
ORLANDO FL 32805

Name

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

Suite, Apt. #, Etc.

NO SUITE #

City

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

Date 10-13-99

REGISTERED AGENT MUST SIGN

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H. DAY

Date

Daytime Phone #

11/5/99 407-841-2932

CR2ED40 (0/99)