

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 30 AM 7:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H72761

1. Corporation Name

DLC LEASING CORP.

REINSTATEMENT 02

700008697797
10/30/02--01047--020 **1500.00

2. Principal Office Address

558 West 18 Street

Suite, Apt. #, etc.

3. Mailing Office Address

558 West 18 Street

Suite, Apt. #, etc.

City & State

Hialeah, FL 33010

City & State

Hialeah, FL 33010

Zip

33010

Country

Miami-Dade

Zip

33010

Country

Miami-Dade

4. Date Incorporated or Qualified
To Do Business in Florida

8/23/1985

5. FEI Number

59-2580076

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

Richard C. Lewis

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

9130 South Dadeland Blvd., Suite 1209

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33156

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 Oct. 17, 2002

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 D	Goodstein, Joanne	558 West 18 Street	Hialeah, FL 33010

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 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

10/18/02

Date

305-885-2766

Daytime Phone #

CR2001 (9/01)