

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB -5 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K17482**

1. Corporation Name

Automotive Leasing Specialists, Inc

2. Principal Office Address **10342**

Down Lakeview CR.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Windermere, FL.

City & State

Zip

34786

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/9/88

5. FEI Number

59-2883543

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

Theodore L. Brozanski

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

10342 Down Lakeview CR

Suite, Apt. #, Etc.

City

Windermere

State
FL

Zip Code
34786

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

Jan 19, 2004

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
Pres	Theodore L. Brozanski	10342 Down Lakeview CR	Windermere FL 34786
VP	Desiree R. Brozanski	10342 Down Lakeview CR	Windermere FL 34786

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

12/23/03

Date

321-217-5880

Daytime Phone #

CR2E081 (1/02)

Automotive

Leasing

Specialists, Inc.

January 19, 2004

Department of State Florida
Division of Corporations
409 East Gaines St.
Tallahassee, FL. 32399

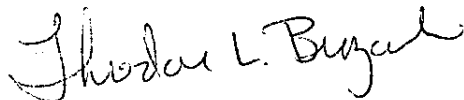
**RE: REINSTATEMENT OF CORP # K17482
AUTOMOTIVE LEASING SPECIALIST, INC.**

Per my conversation with Ruby in your office, I wish to have my corporation reinstated by the Division of Corporations. My corporation was considered invalid in 1997 when I did not file the necessary corporation papers. I never received the report to file this return in 1997; therefore I was not able to do so. In subsequent years due to the fact my corporation was considered invalid, I did not receive any corporate returns from the State. It was only recently that a lender informed me that my corporation was considered invalid.

I have attached a check in the amount of \$1,215.00 to have my corporation reinstated. Do to the fact I did not receive my 1997 corporate filing Ruby in your office stated that the State would waive the \$600.00 reinstatement fee so long as I explained in a letter that I did not receive my 1997 corporate filing notice.

Thank you for your help in processing this reinstatement of my corporation.

Sincerely,



Theodore L. Brozanski Jr.
President
Automotive Leasing Specialist, Inc.