

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **W09980**

1. Corporation Name **McLeod Rentals, Inc.**

FILED

98 APR -3 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**7218 Edgewater Drive
Orlando, Florida 32810**

Mailing Address
**7218 Edgewater Drive
Orlando, Florida 32810**

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

REINSTATEMENT 92-98

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 8/16/89	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2964080	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/VP/ST	Johnny McLeod	7218 Edgewater Drive	Orlando, Florida 32810

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04/08/98--01009--008
*****1650.00 ***1650.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Jordan McLeod
7218 Edgewater Drive
Orlando, Florida 32810

Name
Johnny McLeod
Street Address (P.O. Box Number is Not Acceptable)
7218 Edgewater Drive
Suite, Apt. #, Etc.
City
Orlando, State **FL** Zip Code **32810**

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

X *Johnny McLeod*
REGISTERED AGENT MUST SIGN

Johnny McLeod

Date **March 27, 1998**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Johnny McLeod

3/27/98

Date

407-290-5479

Daytime Phone #