

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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



APPROVED  
AND  
FILED

98 DEC 22 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

L15091

1. Corporation Name

CAMBRIDGE LEASING GROUP INC  
 P.O. Box 10244  
 Pompano Beach, FL 33061

Principal Place of Business

Mailing Address

**REINSTATEMENT 95-98**

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

4. Date Incorporated or Qualified To Do Business in Florida

1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

105-0144190

Applied For

Not Applicable

City & State

City & State

Zip

Country

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<br>Title(s) | 2<br>Name of Officers and/or Directors | 3<br>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip   |
|---------------|--|--|---|
| Mrs           | STUART R. SIEGLE                       | 5810 N. FEDERAL HWY<br>FORT LAUDERDALE, FL 33308   | 000002725370--7<br>-12729798--01080--030<br>***1208.75 ***1208.75 |
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|               |  |  |   |
|               |  |  |   |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STUART R. SIEGLE  
 5810 N. FEDERAL HWY  
 FORT LAUDERDALE, FL 33308

Name

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

Suite, Apt. #, Etc.

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

*[Signature]*

Date

12/2/98

REGISTERED AGENT MUST SIGN

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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

412/48 954  
 4924242

CFR2040 (1/88)