

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 25 AM 10:37

DOCUMENT # L77973

1. Corporation Name

ALL MAKE LEASING, INC.

Principal Place of Business

Mailing Address

7820 KENWAY PLACE, WEST
BOCA RATON FL 33433

7820 KENWAY PLACE, WEST
BOCA RATON FL 33433



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 06/05/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0211009	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	LEVINSON, AMY B.	7820 KENWAY PLACE, WEST	BOCA RATON FL
VD	BOSTAD, ROBERT G.	7820 KENWAY PLACE, WEST	BOCA RATON FL
	201.25-AR		
	10.00-ARAR		
	88.75-ARSD		
	875-Cost		
			800004430848--6 -06/19/01--01110--023 ****308.75 ****308.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEVINSON, AMY
7040 W. PALMETTO PARK ROAD, SUITE 175
BOCA RATON FL 33433

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 5/23/2001
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] R. G. BOSTAD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/01 561 3478060
Date Daytime Phone #

CR2ED40 (8/00)



All Make Leasing, Inc.

7820 Kenway Place West
Boca Raton, FL 33433-3324
Tel: 561.391.8124 ♦ Fax: 561.391.4093

zofz

May 23, 2001

Florida Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: L77973

To Whom It May Concern :

Enclosed is the application for reinstatement of the above referenced corporation.

The reason for not paying to keep the Corporation active has been with our dealing with my wife's cancer for the last 19 months.

It has taken all of our efforts and energy to so far, win the battle.

Enclosed is the check for the two years as requested on our phone conversation of today.

I appreciate any assistance you can offer in this situation.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robert Bostad', is written over the printed name.

Robert Bostad
Vice President

RGB/abl