PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED
97 JUL -3 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

H97000011013

DOCUMENT # M00284

1. Corporation Name
ESL LEASING, INC.
% EMILIO ALONSO-MENDOZA

Mailing Address
634 ALTARA
CORAL GABLES FL
33146

Principal Place of Business
% EMILIO ALONSO MENDOZA
634 ALTARA
CORAL GABLES FL
33146

REINSTATEMENT 96-97
DO NOT WRITE IN THIS SPACE

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

2. New Mailing Address, If Applicable
90 EDGEWATER DR
Suite, Apt. #, etc.
#204
City & State
CORAL GABLES, FL
Zip 33133-6914 Country USA

3. New Principal Office Address, If Applicable
90 EDGEWATER DR
Suite, Apt. #, etc.
204
City & State
CORAL GABLES, FL
Zip 33133 Country USA

4. Date Incorporated or Qualified To Do Business in Florida
05/07/1984

5. FEI Number
59-24112677
☐ Applied For
☐ Not Applicable

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)

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
D/S	ALONSO-MENDOZA, EMILIO	8150 SW 53rd Ave	MIAMI, FL 33146
V/P/D	SANCHEZ, JOSE R.	1701 SW 102 Ave.	MIAMI, FL 33146
T/D	SANCHEZ, EDUARDO M.	90 EDGEWATER DR. #204	CORAL GABLES, FL

8. Name and Address of Current Registered Agent

ALONSO_MENDOZA, EMILIO
634 ALTARA
CORAL GABLES, FL 33146

9. Name and Address of New Registered Agent

Name EDUARDO M. SANCHEZ 6/19/97
Street Address (P.O. Box Number is Not Acceptable)
90 EDGEWATER DR. #204
Suite, Apt. #, Etc.
#204
City CORAL GABLES State FL Zip Code 33146

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 _____ Date 6/19/97
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the repelver 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., and that all fees owed by the corporation have been paid. 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: _____ EDUARDO M. SANCHEZ 6/19/97 (305) 445-5007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Prepared by: Emilio Alonso Mendoza 634 Altara Coral Gables, FL 33146 H97000011013

7/03/97 FLORIDA DIVISION OF CORPORATIONS 2:51 PM
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(((H97000011013 4)))

TO: DIVISION OF CORPORATIONS FAX #: (850)922-4000

FROM: FAS-T CORP. AGENTS, INC. ACCT#: 071001002335
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839 FAX #: (305)716-0346

NAME: ESL LEASING, INC.
AUDIT NUMBER.....H97000011013
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..1 PAGES..... 1
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** ENTER 'M' FOR MENU. **