

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Pg 192

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # M98829

1. Corporation Name

PERFORMANCE LEASING CORPORATION OF COLLIER COUNTY

Principal Place of Business

Mailing Address

801 LAUREL OAK DR
STE 400
NAPLES FL 34108
US

801 LAUREL OAK DR
STE 400
NAPLES FL 34108
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

09/16/1988

SP

5. FEI Number

65-0073588

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 3	City / State / Zip 4
V	LESTER, DEAN C	9927 KONA ISLE CT	ORLANDO FL 32817
ST	LESTER, SUZANNE F	6400 16TH AVENUE NW 4688 OAKLEAF	NAPLES FL 34119
P	LESTER, DON E.	801 Laurel Oak Dr. #400	Naples, FL 34108

500003758025--0

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LESTER, DON E
801 LAUREL OAK DR
STE 400
NAPLES FL 34108

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

Date

2-22-01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DON E. LESTER

Date

Daytime Phone #

2-22-01

CR2E040 (8/00)

292



ACCOUNT NO. : 072100000032

REFERENCE : 044739 7234920

AUTHORIZATION :

Patricia Figueira

COST LIMIT : \$ 900.00

ORDER DATE : February 23, 2001

ORDER TIME : 11:55 AM

ORDER NO. : 044739-005

CUSTOMER NO: 7234920

CUSTOMER: Mr. Don Lester
Century Holdings Of Collier
801 Laurel Oak Drive
Suite 400
Naples, FL 34108

DOMESTIC FILINGS

NAME: PERFORMANCE LEASING
CORPORATION OF COLLIER
COUNTY

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____

RECEIVED
01 FEB 23 PM 12:57
DIVISION OF CORPORATION