

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 NOV 19 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600112412416

CR2E081 (1/07)

DOCUMENT # M98829

1. Corporation Name

PERFORMANCE LEASING CORPORATION OF COLLIER COUNTY

2. Principal Office Address - No P.O. Box #

7755 PRESERVE LN.

Suite, Apt. #, etc.

SUITE 3270

City & State

NAPLES, FL

Zip

34119

Country

USA

3. Mailing Office Address

P.O. Box 110281

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34119

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/16/1988

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. Name and Address of Current Registered Agent

Name

DON E. LESTER

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

7755 PRESERVE LANE SUITE

Suite, Apt. #, Etc.

SUITE 3270

City

NAPLES

State

FL

Zip Code

34119

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11-14-07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	DON E. LESTER	11679 LONGSHORE WAY E.	NAPLES, FL 34119
V	SUZANNE F. LESTER	11679 LONGSHORE WAY E	NAPLES, FL 34119
T	DEAN C. LESTER	9927 KONA ISLE CT.	Orlando, FL 32827

REINSTATEMENT

05-07

10. 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 contained in Chapter 119, 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

Date

11-14-07

Daytime Phone #



CORPORATION SERVICE COMPANY

RECEIVED

07 NOV 19 AM 10:40

ACCOUNT NO. : 072100000032

REFERENCE : 323720 7610462

AUTHORIZATION :

COST LIMIT : \$ 1050.00

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ORDER DATE : November 19, 2007

ORDER TIME : 10:11 AM

ORDER NO. : 323720-005

CUSTOMER NO: 7610462

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: Heather Chapman - Ext# 2908

EXAMINER'S INITIALS _____