

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



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

FILED

02 JAN 29 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000023043

1. Corporation Name

EXECUTIVE LEASING ASSOCIATES PA

2. Principal Office Address

1508 N. LYONS CT

Suite, Apt. #, etc.

3. Mailing Office Address

1508 N. LYONS CT

Suite, Apt. #, etc.

City & State

DAVID, FL

City & State

DAVID, FL

Zip

32765

Country

USA

Zip

32765

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/28/2000

5. FEI Number

59-3634616

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

JANET R. DWENS

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

1508 N. LYONS CT

Suite, Apt. #, Etc.

City

DAVID, FL

State

FL

Zip Code

32765

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

Janet R. Dwens v.p.
REGISTERED AGENT MUST SIGN

Date 1/28/02

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
Pres	TODD A. DWENS	1508 N. LYONS CT	DAVID, FL 32765
V.P.	JANET R. DWENS	1508 N. LYONS CT	DAVID, FL 32765
			100004911391-2
			-02/12/02--01043--007
			****158.75 ****158.75
			100004911391-2
			-02/12/02--01043--008
			****150.00 ****150.00

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 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:

TODD A. DWENS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/28/02

Daytime Phone #

407-782-4201 CP
407-365-7414 H.

2 of 2

State of Florida
Division of Incorporation

January 28, 2002

Dear Sir or Madam:

Please accept this letter as my written request to have the \$600 reinstatement fee waived for Executive Leasing Associates, P.A.

This is a fairly new corporation (formed 2/2000) and the documents apparently sent to me at 115 International Parkway, Heathrow, Florida, reminding me to pay the yearly fee, and submit the UBR, were unfortunately never received by me. (I was having trouble getting some mail at that location and have since changed everything to my home office.) I have now marked my calendar to be sure that I watch for this information in coming years.

I have included with the attached paperwork my home office address which will ensure that I do receive any materials that you may send to me in the future.

Thank you for your kind consideration.

Sincerely,



Todd A. Owens

President, Executive Leasing Associates, P.A.