

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS



FILED

02 NOV 13 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000082324

1. Corporation Name

OAKLAND PARK LEASING, INC.

Principal Place of Business

1201 E OAKLAND PARK BLVD
FT LAUDERDALE FL 33334

Mailing Address

52 W OAKLAND PK BLVD
#233
WILTON MANORS FL 33-3211

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

08/30/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-1036362

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)

2 Name of Officers
and/or Directors

3 Street Address of Each
Officer and/or Director

4 City / State / Zip

PSTD

SCHULKINS, CRAIG E

52 W OAKLAND PK BLVD., #233

WILTON MANORS FL 33311

Sec.

TYANN BANE

2005 Costa Del Mar

Camel Island, CA 92009

300008969823
11/13/02--01055--011 **150.00

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/25/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/02

Date

Daytime Phone #

CR2E040 (8/02)

I AM SORRY NOT TO SEND A BUSINESS REPORT FORM
I WAS UNAWARE OF THIS REQUIREMENT. I WILL MAKE
SURE IN THE FUTURE TO COMPLETE THE REPORT, WE
HAD NO CHANGES AND THOUGHT THERE WAS NOT A
NEED FOR IT.

THANK YOU,

C. Schulkins

Craig Schulkins

NEW: CORPORATE OFFICERS AS OF 10/25/02

PRESIDENT - CRAIG SCHULKINS 52 W. OAKLAND PARK TRUD
WILTON MANORS, FL 33311
SECRETARY - TYANN BANE 2005 COSTA DEL MAR
CARLSBAD CA, 92009