

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 OCT 12 AM 8:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000117815

1. Corporation Name

NORTH AMERICAN LEASING and FINANCIAL
SERVICES, INC.

2. Principal Office Address

11600 N.W. 34th STREET

Suite, Apt. #, etc.

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City & State

MIAMI, FL

Zip

33178

Country

USA

3. Mailing Office Address

2121 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

650

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-28-00

5. FEI Number

65-112903

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

THOMAS J. PALMIERI

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

2121 PONCE DE LEON BOULEVARD

Suite, Apt. #, Etc.

630

City

CORAL GABLES

State

FL

Zip Code

33134

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

Thomas J. Palmieri

Date OCTOBER 10, 2001

REGISTERED AGENT MUST SIGN

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	EDUARDO CANTERA	2121 PONCE DE LEON BLVD. #630	CORAL GABLES, FL. 33134
VD	THOMAS J. PALMIERI	2121 PONCE DE LEON BLVD. #630	CORAL GABLES, FL. 33134
VD	GUILLERMO H. CARTAYA	2121 PONCE DE LEON BLVD. #650	CORAL GABLES, FL. 33134
ST	MARCELO HERNANDEZ	2121 PONCE DE LEON BLVD. #650	CORAL GABLES, FL. 33134
D	RINALDO J. CARTAYA	2121 PONCE DE LEON BLVD. #650	CORAL GABLES, FL. 33134
D	LUIS ARIAS	11600 N.W. 34 th STREET	MIAMI, FL. 33178

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:

Thomas J. Palmieri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/01 305-441-9021

Date

Daytime Phone #

CR2001 (\$9.00)