PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

- CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 15 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0 10000 22631

1. Corporation Name
Finestyle Leasing Inc.

2. Principal Office Address	3. Mailing Office Address
4532 W Kennedy Blvd.	P.O. Box 495
Suite, Apt. #, etc.: Unit 332	Suite, Apt. #, etc.
City & State: Tampa FL	City & State: Aroma Park, IL
Zip: 33609 Country: USA	Zip: 60910 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 3-5-2001

5. FEI Number: 59-3702897 ☐ 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: Spiegel & Utrera, PA

Street Address (P.O. Box Number Is Not Acceptable): 343 Almeria Ave

Suite, Apt. #, Etc.:

City: Coral Gables State: FL Zip Code: 33134

REINSTATEMENT 02-05

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: 1/30/05

CR2E061 (01/05)

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
P	George S Guild President	6279 Warren St.	St. Anne IL 60964
V	George S Guild Vice President	6279 Warren St	St Anne IL 60964
S	George S. Guild Secretary	6279 Warren ST	St Anne IL 60964
		300047422733 03/01/05--01003--020 **608.75	

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: George Guild 2/1/05 800-246-2198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

February 14, 2005
Fincastle Leasing inc.
P> O> BOX 495
Aroma Park, IL 60910

State of Florida
SECRETARY OF SECRETARY OF STATE
DIVISION OF COORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

RE: FINCASTLE LEASING INC
P01000022631

I AM APPLYING FOR REINSTATEMENT. PLEASE WAIVE PENALITY FEES AS WE DID NOT RECEIVE THE PROPER PAPERWORK.

OUR MAILING ADDRESS IS P. O. BOX 495
AROMA PARK, ILLINOIS 60910
800-246-2198

When I phoned your last I was told to send
$600 for taxes
8.75 for the cert. of status

$608.75 TOTAL

If this amount is different please phone & I will give you a credit card for the difference. Please rush if possible