

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR -1 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000037145

1. Corporation Name

Sunset Auto Leasing, Inc.
921 N. Andrews Avenue
Ft. Lauderdale, FL 33311

2. Principal Office Address

921 N. Andrews Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33311

Country

Broward

Zip

Country

REINSTATEMENT

03-04

700029013457

02/18/04--01028--001 **900.00

4. Date incorporated or Qualified
To Do Business in Florida 4/9/20015. FEI Number
65-1119619Applied For:
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ronald C. Simeone

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

4400 Buchanan Street

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 2-24-04

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Ronald C. Simeone	4400 Buchanan Street	Hollywood, FL 33021
VP	SPYRODON LAZAROU	3020 NE 32nd Ave.	FT. LAUDERDALE, FL 33308

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/04 954-981-2065

Date

Daytime Phone #

CREATED BY: 0404