

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 30 AM 10:49

DOCUMENT # 001000073054

1. Corporation Name

TOTAL Care Services Leasing, INC.

2. Principal Office Address

5880 10TH AVE NW

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34119

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

7-23-01

5. FEI Number

59-3743152

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

Bruce DeLia

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

5880 10TH AVE NW

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34119

500026606815

01/09/04--01044--023 **900.00

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

Bruce DeLia
REGISTERED AGENT MUST SIGN

Date DEC 29, 2003

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
D	Bruce DeLia	5880 10TH AVE NW	NAPLES, FL 34119

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: *

Bruce DeLia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEC 29, 2003

Date

Daytime Phone #