

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 DEC 20 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000090208

1. Corporation Name

LIBERTY LEASING CORP.

2. Principal Office Address

721 Belted Kingfisher Dr N

Suite, Apt. #, etc.

City & State

Palm Harbor, Florida

Zip

34683

Country

Pinellas

3. Mailing Office Address

721 Belted Kingfisher Dr N

Suite, Apt. #, etc.

City & State

Palm Harbor, Florida

Zip

34683

Country

Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida

08/15/2001

5. FEI Number

59-3738857

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

John Bitetzakis

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

721 Belted Kingfisher Dr N

Suite, Apt. #, Etc.

City

Palm Harbor

State
FL

Zip Code
34683

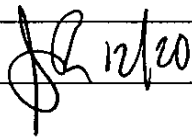
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 12/19/2005

REGISTERED AGENT MUST SIGN

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
Pres	John Bitetzakis	721 Belted Kingfisher Dr N	Palm Harbor, Florida 34683
			

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

12/19/2005

Date

727-445-7576

Daytime Phone #

Liberty Leasing Corp.
721 Belted Kingfisher Dr. N
Palm Harbor, FL 34683

December 19, 2005

Florida Department of State
Secretary of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

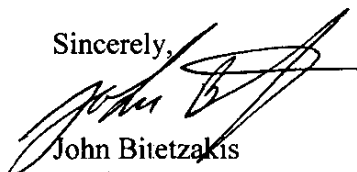
RE: Reinstatement

Dear Division of Corporations:

Enclosed is our check in the amount of \$ 450.00 to reinstate Liberty leasing Corp.
That was dissolved in 2003 for failure to file an annual report.

Please be advised that we did not receive an annual notice to file our report. I would
Like the Division to wave the \$600.00 late fee associated with the reinstatement of this
Corporation.

Sincerely,



John Bitetzakis
President