

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000096863**

1. Corporation Name

**ANELI LEASING, INC.**

Principal Place of Business

Mailing Address

8550 NW 33 STREET  
MIAMI FL 33166

8550 NW 33 STREET  
MIAMI FL 33166

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5835 Blue Lagoon Drive 4th fl.  
Miami, FL

Same as  
principal office

Zip 33126 Country USA

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/04/2001

5. FEI Number

22-3850981

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SHOJAE, MASOUD	8550 NW 33RD STREET, STE 100	MIAMI FL 33166
D	DE SHOJAE, MARIA L	8550 NW 33RD STREET, STE 100	MIAMI FL 33166

8. Name and Address of Current Registered Agent

SHOJAE, MASOUD  
8550 NW 33 STREET  
MIAMI FL 33166

9. Name and Address of New Registered Agent

Name

Shojae, Masoud

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

5835 Blue Lagoon Drive

Suite, Apt. #, Etc.

4th fl.

City

Miami

State

FL

Zip Code

33126

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE OF REGISTERED AGENT  
REGISTERED AGENT MUST SIGN

Date

10/24/03

11. 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

Date

10/24/03

Daytime Phone #

CR2E040 (7/03)