

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000115819

1. Corporation Name

SOUTH FLORIDA SALES & LEASING, INC.

2. Principal Office Address

3994 NW 27th STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33142

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/25/02

5. FEI Number

13-4245985

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required
for a Certificate of Status

FILED

04 FEB -2 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600028012356

02/02/04--01057--013 **150.00

600028012356

02/02/04--01057--012 **150.00

7. Name and Address of Current Registered Agent

Name

JORGE GONZALEZ

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

2642 COLLINS AVE. APT # 406

Suite, Apt. #, Etc.

City

MIAMI BEACH

State
FL

Zip Code
33140

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 1/22/04

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	JORGE GONZALEZ	2642 COLLINS AVE. APT # 406	MIAMI BEACH, FL 33140

REINSTATEMENT 03-04

TS

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:

JORGE GONZALEZ

1/22/04

305 871-3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

January 21, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: P02000115819

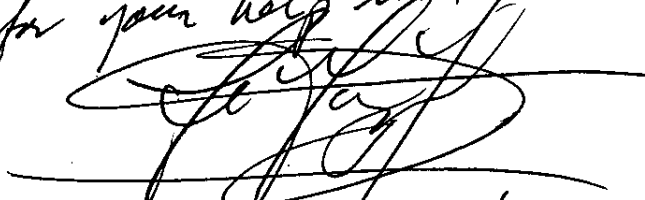
To whom it may concern:

I would like for you to reinstate my corporation.
We moved from Orlando to Miami and never received
the annual report form for 2003, therefore it was
not filed. Our new address is:

South Florida Sales & Leasing, Inc.
3994 N.W. 27th Street
Miami, FL 33142
Ph (305) 871-3200

I am including the reinstatement form along
with 2 money orders of \$150⁰⁰ each for
2003 and 2004 fees respectively.

Thanks for your help in this matter.


President