PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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

DOCUMENT # P02000115819

1. Corporation Name
SOUTH FLORIDA SALES & LEASING, INC.

2. Principal Office Address	**3.** Mailing Office Address
3994 NW 27th STREET	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State
Zip: 33142 Country: US	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 ☐ $5.00 Additional Fee required for a Certificate of Status

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 _____ Date 1/22/04
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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

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 #

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 $150.00 each for 2003 and 2004 fees respectively.

Thanks for your help in this matter.

President