

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 AUG -4 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
2003 & 2004
DRB
8/4

DOCUMENT # P02000120777

1. Corporation Name

RELOU LEASING, INC

2. Principal Office Address

2606 Southern Oaks PL

Suite, Apt. #, etc.

City & State

Plant City, FL

Zip

33566

Country

USA

3. Mailing Office Address

2606 Southern Oaks PL.

Suite, Apt. #, etc.

City & State

Plant City FL

Zip

33566

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/2002

5. FEI Number

06-1666016

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

CHARLES U. KOTA

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

2606 Southern Oaks Place

Suite, Apt. #, Etc.

City

Plant City

State

FL

Zip Code

33566

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

[Signature]

Date

08/2/04

REGISTERED AGENT MUST SIGN

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	Charles U. Kota	2606 Southern Oaks PL	Plant City, FL 33566
D	Joey W. Williams	2606 Southern Oaks PL	Plant City, FL 33566
D	Jeffrey Dixon	2606 Southern Oaks PL	Plant City, FL 33566

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08/14/04-01027-005 **380.00

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] Charles U. Kota
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

08/2/04 (813) 716-2220
Daytime Phone #

CR2E081 (01/04)