

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUL 19 AM 11:29

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000001224

1. Corporation Name

Leasing Services of America, Inc

900183191129
07/19/10--01059--002 **158.75

900183191129
07/12/10--01053--007 **900.00

2. Principal Office Address - No P.O. Box #

2701 W Horatio St

Suite, Apt. #, etc.

Unit 1

City & State

Tampa, FL

Zip

33609

Country

USA

3. Mailing Office Address

2701 W Horatio St

Suite, Apt. #, etc.

Unit 1

City & State

Tampa, FL

Zip

33609

Country

USA

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/05

5. FEI Number

202144023

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

James V Cote

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

2701 W Horatio St Unit 1

Suite, Apt. #, Etc

Unit 1

City

Tampa

State

FL

Zip Code

33609

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]

REGISTERED AGENT MUST SIGN

Date 5/23/2010

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
P	James V Cote	2701 W Horatio St Unit 1	Tampa, FL 33609

REINSTATEMENT

05-10
B 7/20/10

10. E-mail Address:

jim.cote@verizon.net

(To be used for future annual report notification)

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. I further certify, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/10

Date

(813) 505-1355

Daytime Phone #