

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB -4 PM 12:44

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD5000069120

1. Corporation Name

ALTERNATIVE LEASING II INC.

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

1397 IVY MEADOW DR
Suite, Apt. #, etc.

3. Mailing Office Address

1397 IVY MEADOW DR
Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip Country

32824 USA

Zip Country

32824 USA

B 2/5/08
REINSTATEMENT 06-08

4. Date Incorporated or Qualified To Do Business in Florida

05/11/2005

5. FEI Number

030562097

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 RAYMOND PORTALATIN

Street Address (P.O. Box Number is Not Acceptable)
1397 IVY MEADOW DR
Suite, Apt. #, Etc.

City ORLANDO

State FL Zip Code 32824

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Raymond Portalatin

REGISTERED AGENT MUST SIGN

Date 11/28/2007

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
			800112715688 11/30/07--01007--006 **150.00
P	Raymond Portalatin	1397 Ivy Meadow Drive	Orlando FL 32824
			800112715688 02/20/08--01018--002 **300.00

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 contained in Chapter 119, 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:

Raymond Portalatin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

401
1-16-08 924-1744

Date

Daytime Phone #