

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

" f 2 pages

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

17 OCT 31 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P1000014404

1. Corporation Name

LEASEPAL INC.

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

15802 OAK GLEN WAY

3. Mailing Office Address

P.O. Box 210548

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAVARES, FL

City & State

ROYAL PALM BEACH

Zip

32778

Country

USA

Zip

FLORIDA

Country

USA

CR2E051 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

KEITH HATCHETT

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

15802 OAK GLEN WAY

Suite, Apt. #, Etc.

City

TAVARES, FLORIDA

State

FL

Zip Code

32778

300305195909
11/01/17--01003--002 \$900.00

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 10/31/17

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
CEO	KEITH HATCHETT	15802 OAK GLEN WAY	TAVARES, FLORIDA 32778

10. E-mail Address: KEITH HATCHETT @ GMAIL COM

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

KEITH HATCHETT

KEITH W. HATCHETT

10/31/17

(65) 5791745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

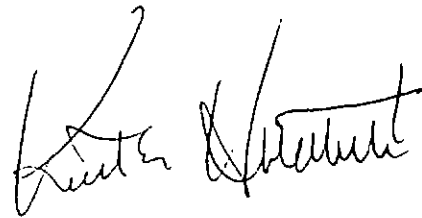
Date

Daytime Phone #

TO: DEPT OF STATE (FLORIDA)

FROM: KENT HATCHETT

I own LOTSPAL OF NEVADA and
LOTSPAL OF FLORIDA. I Give Permission
for REINSTATEMENT IF FLORIDA TODAY 10-31-17.



— KENT W. HATCHETT —

(CEO)

(615) 5791745

17 OCT 31 - PM 4:01
STATE
SECRETARY
TALLAHASSEE, FLORIDA

FILED