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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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 # P10000014404

1. Corporation Name

LEASEPAL INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
15802 OAK GLEN WAY	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

CR2E081 (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

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11/01/17--01003--002 **700.00

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: Keith Hatchett Date: 10/31/17

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
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 H. HATCHETT 10/31/17 (615) 579-1745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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To: DEPT OF STATE (FLORIDA)

from: KEITH HATCHETT

I OWN LOTSPAL OF NEVADA AND LOTSPAL OF FLORIDA. I GIVE PERMISSION FOR REINSTATEMENT IF FLORIDA TODAY 10-31-17.

— KEITH W. HATCHETT —

(CEO)

(615) 5791745

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