

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																					
 <p>DOCUMENT # P12000026109</p> <p>1. Corporation Name P R LEASING FL, INC.</p>																							
<p>2. Principal Office Address - No P.O. Box # 616 Myra Lane Suite, Apt. #, etc.</p>		<p>3. Mailing Office Address 616 Myra Lane Suite, Apt. #, etc.</p>																					
<p>City & State Northwest Port Charlotte, FL</p>		<p>City & State Northwest Port Charlotte, FL</p>																					
Zip 33948	Country US	Zip 33948	Country US																				
<p>7. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAY STREET Suite, Apt. #, Etc. City TALLAHASSEE</p>																							
		State FL	Zip Code 32301																				
<p>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.</p> <p>Signature of Registered Agent <i>Emily Disney</i> <small>Emily Disney Am Vice President</small></p> <p>Date <u>11/06/2014</u></p> <p>REGISTERED AGENT MUST SIGN</p>																							
<p>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>D</td> <td>Ronald Fox</td> <td>616 Myra Lane</td> <td>Northwest Port Charlotte, FL 33948</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	D	Ronald Fox	616 Myra Lane	Northwest Port Charlotte, FL 33948												
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<p>REINSTATEMENT <i>2013-2014</i></p>																							
<p>10. E-mail Address: <u>prileasingfl@gmail.com</u></p> <p>(To be used for future annual report notification)</p>																							
<p>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 contained in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.</p>																							
<p>SIGNATURE: <i>Ronald Fox</i> RONALD FOX 10-29-14 941-764-3403</p>																							
<p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>																							

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14 NOV -6 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800266271688

NOV - 6 2014

WILLIAMS



C O R P O R A T I O N S E R V I C E C O M P A N Y

ACCOUNT NO. : I20000000195

REFERENCE : 345111 7875454

AUTHORIZATION

COST LIMIT

Squall DeLoach
\$ 900.00

ORDER DATE : October 21, 2014

ORDER TIME : 10:34 AM

ORDER NO. : 345111-010

CUSTOMER NO: 7875454

DOMESTIC FILINGS

NAME: P R LEASING FL, INC.

RECEIVED
DEPARTMENT OF STATE
14 NOV -6 PM 1:85

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____