

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 NOV -6 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P12000026109

1. Corporation Name

P R LEASING FL, INC.

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

616 Myra Lane

Suite, Apt. #, etc.

City & State

Northwest Port Charlotte, FL

Zip

33948

Country

US

3. Mailing Office Address

616 Myra Lane

Suite, Apt. #, etc.

City & State

Northwest Port Charlotte, FL

Zip

33948

Country

US

CR2E081 (11/10)

4. Date incorporated or Qualified
To Do Business in Florida

03/16/2012

5. FET Number

45-4806882

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

CORPORATION SERVICE COMPANY

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

1201 HAY STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

800266271688

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

Emily Gray
Emily Gray
Agent Vice President

Date 11/06/2014

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
D	Ronald Fox	616 Myra Lane	Northwest Port Charlotte, FL 33948

REINSTATEMENT

2013-2014

10. E-mail Address: prleasingfl@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:

Ronald Fox
RONALD FOX

10-29-14 941-764-7403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NOV - 6 2014

WILLIAMS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 345111 7875454

AUTHORIZATION

COST LIMIT \$ 900.00

Lyndee A. Dean

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 1:05

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____