

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 29 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P93000008184

Corporation Name

UTC LEASING, CORP.

REINSTATEMENT 03-04

2. Principal Office Address

8950 N.W. 79 AVE.

3. Mailing Office Address

8950 N.W. 79 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2-2-93

5. FEI Number

650384782

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

ALI MOZZAYANPOUR

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

8950 N.W. 79 AVE.

Suite, Apt. #, Etc.

City

MIAMI, FL

State

FL

Zip Code

33166

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

Ali Mozzayanpour

REGISTERED AGENT MUST SIGN

Date 3-19-04

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
P	ALI MOZZAYANPOUR	8950 N.W. 79 AVE.	MIAMI, FL 33166
VP	GERONIMO MONTES	8950 N.W. 79 AVE.	MIAMI, FL 33166
VP	JOSE A. CANAL	8950 N.W. 79 AVE.	MIAMI, FL 33166

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 under section 119.07(3)(i), 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: GERONIMO MONTES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-04

Date

786-402-2829

Daytime Phone