

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000065235

1. Corporation Name

PRS LEASING, INC.

Principal Place of Business

11361 TRADE COURT
JACKSONVILLE FL 32256

Mailing Address

10727 HAMPTON RD
JACKSONVILLE FL 32257
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable
PRS Leasing

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO Box 24547

City & State

City & State

JAX FL

Zip

Zip

32241

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HENDERSON, GARY	11361 TRADE COURT	JACKSONVILLE FL 32256

400009026154
11/15/02--01078--018 **750.00

8. Name and Address of Current Registered Agent

AKEL, DANIEL D
2301 INDEPENDENT SQUARE
ONE INDEPENDENT DR.
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Daniel G. Akel **RE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

11-15-02

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., 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.

Carly C. Henderson

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-13-02

904 268-0811

Date

Daytime Phone #