

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 AUG 20 PH 3:51

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P93000080606**

1. Corporation Name

OK LEASING, INC.

Principal Place of Business

7903 HOPI PLACE - B
 4906 SAVARESE CIRCLE
 TAMPA FL 33634

Mailing Address

(SAME)
 4906 SAVARESE CIRCLE
 TAMPA FL 33634



(813) 915 8844

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/16/1993	
City & State		City & State		5. FEI Number	
Zip		Country		59-3012102	
				<input checked="" type="checkbox"/> Applied For	
				<input type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
	MONSALVE, SABASTIAN	7903 HOPI PLACE #B	TAMPA FL 33634
	SEBASTIAN	TAMPA FL 33634	800002273938-9
			-08/21/97--01096--001
			****923.75 ****923.75

REINSTATEMENT

916-977
 10/15/97
 8/20/97

8. Name and Address of Current Registered Agent

MONSALVE, SEBASTIAN
 4906 SAVARESE CIRCLE
 TAMPA FL 33634

9. Name and Address of New Registered Agent

Name **SEBASTIAN MONSALVE**
 Street Address (P.O. Box Number is Not Applicable) **7903 HOPI PLACE - B**
 Suite, Apt. #, Etc. **TAMPA FL 33634**
 City _____ State **FL** Zip Code _____

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.

Signature of Registered Agent

Sebastian Monsalve
 REGISTERED AGENT MUST SIGN

Date

09/18/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sebastian Monsalve
SEBASTIAN MONSALVE

Date

Daytime Phone #

09/18/96 (813)
915-8844

CR2040 (7/96)