PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harris SECRETARY OF STATE WISTON OF CORPORATIONS **FOR** Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** P94000050139 DOCUMENT # 99 OCT 14 PM 4: 35 1. Corporation Name BILTMORE LEASING, INC. Principal Place of Business Mailing Address 5030 CHAMPION BLVD 5030 CHAMPION BLVD SUIT E6-269 **SUIT E6-269 BOCA RATON FL 33496 BOCA RATON FL 33496** HS HS 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 Date Incorporated or Qualified
To Do Business in Florida 07/07/1994 Suite, Apt #, etc Suite, Apt. #, etc. 5. FEI Number Applied For 65-0501341 City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Title(s) PD FISCHER, GREG 5030 CHAMPION BLVD SUITE 6-269 **BOCA RATON FL** <u>400003020174-</u> -10/21/99--01010--014 ****750.00 ****750.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent FISCHER, GREG Street Address (P.O. Box Number is Not Acceptable) 5030 CHAMPION BLVD **SUITE 6-269** Suite, Apt. #. Etc. **BOCA RATON FL 33496** State | 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 SISTERED AGENT MUST SIGN 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 reinstalement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 507.0401 or 517.0401, 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 THE

NG OFFICER OR DIRECTOR

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