PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Jim Smith FOR 98 JUN -3 PH 3: 38 Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** Read Instructions on Other Side Before Making Enlines Make Check Payable To: Department of State If Address in Block 1 is incorrect in any way, enter the correct address below: 1. Name and Mailing Address of Corporation: DOCUMENT # P94000080110 Address UNITED LEASECORP INTERNATIONAL, INC. 1221 Brickell Avenue City and State Zip Code Miami, Florida 33131 If Principle Office Address is different from malling address, enter address below: Address

		City and Sta	te Zip Code
4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number	FEI Number Appli	lor a Certificate of Status
November 1, 1994	65-0594607	FEI Number Not A	Applicable   CERTIFICATE OF STATUS DESIRED
7. Names and Street Addresses of Each Officer a Title(s)  2  Name of Officers and/or Directors		Street Address of Each Officer and/or Director Use Post Office Box Numbers)	City / State / Zip
PSTD Cesar L. Alvare	22 1221 Br	rickell Avenue	Miami, Florida 33131
			600002546556
		REINSTATE	MENT 97-98  51-6-3-98
REGISTERED AGENT	NFORMATION	9. If chang	ged, new registered agent / office
8. Name and Address of Curre	rit Registered Agent		
Cesar L. Alvarez 1221 Brickell Avenue Miami, Florida 33131		Street Address (Do NOT Use P. Street Address (Do NOT Use P.	<u>'</u>
		City	State   Zip
I, being appointed the registered agent of the ignature of legistered Agent	named corporation, am familia		otion 607.0505, F.S.  Date
11. If this corporation is a non	-profit with I.R.S. 501(	c)(3) tax exempt status	, check this box additional information
Does this corporation par Dept. of Revenue under	any intangible tax to S. 199.032, Florida St	the atutes. Yes No	(See other side for information on intangible tax.)
<ol> <li>I certify that I am an officer or director or the this reinstalement approxime the reason for less owed by the corporat: A save begin pay under oath.</li> </ol>	nsulution has been eliminated, the	corporate name salisfies the requirem	chapter 607 or 617, F.S. I further certify that whon filing tents of section 607.0401 or 617.0401, F.S., and that a ny signature shall have the same legal effect as if made
signature of Officer or Director O	Cesar L. Alvar		aytime Phone # 305 <u>-</u> 579-0668