

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUN 25 PM 6:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000007545

1. Corporation Name

UNILEASING SERVICES, INC.

2. Principal Office Address

260 Crandon Blvd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

#14

Suite, Apt. #, etc.

City & State

Key Biscayne, FL

City & State

Zip

33149

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/27/95

5. FEI Number

applied for

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Cesar Gomez

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

260 Crandon Blvd.

Suite, Apt. #, Etc.

#14

City

Key Biscayne

500004461965-3

-07/06/01--01035--017

***1358.75 ***1350.00

REINSTATEMENT 97-01

State
FL

Zip Code
33149

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

REGISTERED AGENT MUST SIGN

Date

6/21/01

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/D	Heinrich Wicke	260 Crandon, #14	Key Biscayne, FL 33149
S/D	Carmen Lacabex	260 Crandon, #14	Key Biscayne, FL 33149
T/D	Carmen Lacabex	260 Crandon, #14	Key Biscayne, FL 33149

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/21/01

Daytime Phone #

(305) 361-0105

CR2E081 (9/99)