

CORPORATION
REINSTATEMENT

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

FILED

00 SEP 13 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000000867 (7)

1. Corporation Name

SMART LEASE, INC.

2. Principal Office Address

8303 N.W. 66th Street

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33166

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01-04-1996

5. FEI Number

65-0647071

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name

ROUFF RUIZ

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

8303 N.W. 66th Street

Suite, Apt. #, Etc.

City

Miami, Florida 33166

State
FL

Zip Code

33166

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 09-01-2000

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
PSD	ROUFF RUIZ	8303 N.W. 66th Street	Miami, Florida 33166
TD	MARIA MERCEDES CERON	8303 N.W. 66th Street	Miami, Florida 33166
			900003398279--5
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			****900.00 ****900.00
			REINSTATEMENT 99-00 TS

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)(j), 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

09-01-2000

Date

305-477-4542

Daytime Phone *