

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY 21 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P96000031077

1. Corporation Name

SANCO LEASING, INC.

2. Principal Office Address

2200 SO. DIXIE HWY

Suite, Apt. #, etc.

402

City & State

MIAMI, FL

Zip

33133

Country

USA

3. Mailing Office Address

PO BOX 144536

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip

33114-4536

Country

USA

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

4/04/1996

5. FEI Number

65-0677630

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

M.J.F. REGISTERED AGENT CORP.

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

153 SEVILLA AVENUE

Suite, Apt. #, Etc.

City

CORAL GABLES

State
FL

Zip Code
33134

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

My signature Pres
REGISTERED AGENT MUST SIGN

Date **5/16/02**

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	SANDRA DUFAY	2200 SO.DIXIE HWY STE 402	MIAMI, FLORIDA 33133
T	DAVID A NESSLEIN	2200 SO.DIXIE HWY STE 402	MIAMI, FLORIDA 33133
S	DAVID A NESSLEIN	2200 SO.DIXIE HWY STE 402	MIAMI, FLORIDA 33133

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

DAVID A. NESSLEIN 5/15/2002 (305) 447-2350

Date

Daytime Phone #

CR2E081 (9/01)

SANCO LEASING, INC.

2200 So. Dixie Highway Ste. 402
Miami, FL 33133
(305) 447-2350
Fax: (305) 447-2325

May 15, 2002

Barbara
Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Corporation Reinstatement
Sanco Leasing, Inc. / Document # P96000031077

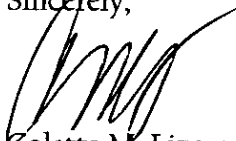
Dear Barbara:

Pursuant to our conversation today, I am enclosing our check in the amount of \$308.75 representing payment for the filing fee for the years 2001 and 2002 for the above referenced corporation. As you stated, the late charge has been waived due to the Annual Report being returned to you via US mail as undeliverable due to our address change. The above mentioned fee represents (2) years of filing fees @ \$150.00 per year plus \$8.75 for a Certificate of Status. Please sent the Certificate of Status to:

Colette Lizcano
c/o Sanco Leasing, Inc.
2200 South Dixie Highway Ste. 402
Miami, FL 33133

Thank you for your attention to this matter. Should you have any questions, please feel free to contact me.

Sincerely,



Colette M. Lizcano
Executive Assistant

/slf

Enc.