

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
02 MAY 21 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P96000043752**

**1. Corporation Name**

**DANCO LEASING, INC.**

**2. Principal Office Address**

**2200 SO. DIXIE HWY**

Suite, Apt. #, etc.

**402**

City & State.

**MIAMI, FLORIDA**

Zip

**33133**

Country

**USA**

**3. Mailing Office Address**

**PO BOX 144536**

Suite, Apt. #, etc.

City & State

**CORAL GABLES, FLORIDA**

Zip

**33114-4536**

Country

**USA**

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

**5/16/1996**

**5. FEI Number**

**65-0674645**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

300005651553--6  
-05/30/02--01037--006  
\*\*\*308.75 \*\*\*308.75

**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

*[Signature]*  
**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, FL 33133
T	DAVID NESSLEIN	2200 SO.DIXIE HWY STE 402	MIAMI, FL 33133
S	DAVID NESSLEIN	2200 SO. DIXIE HWY STE 402	MIAMI, FL 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVID NESSLEIN**

**5/15/2002**

Date

**(305)447-2350**

Daytime Phone #

CR2E081 (9/01)

# DANCO 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**  
**Danco Leasing, Inc. / Document # P96000043752**

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 Danco 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.