

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

97 NOV -3 PM 6:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000101081

1. Corporation Name
FBM LEASING CORP

Principal Place of Business
**4501 NW 103RD AVE.
SUNRISE FL**

Mailing Address
**4501 NW 103RD AVE.
SUNRISE FL**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/1996

Suite, Apt. #, etc. **#103**

Suite, Apt. #, etc. **#103**

5. FEI Number **65-0730400**

Applied For

City & State

City & State

65-0730400

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PS	FALLS, MICHAEL B	4501 NW 103RD AVE. #103	SUNRISE FL

300002940653--8
-11/06/97--01099--002
****165.00 ****165.00

10/31/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**FALLS, MICHAEL B
4501 NW 103RD AVE.
SUNRISE FL**

Name

Michael B. FALLS

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

4501 NW 103RD AVE. #103

Suite, Apt. #, Etc.

#103

City

SUNRISE

State

Zip Code

FL 33351

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/31/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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] as President **Michael Falls**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/97

Daytime Phone #

747-8866

CR2E040 (6/97)