

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # *PA1000031515*

1. Corporation Name

EXECUTIVE NATIONAL LEASING, INC.

2. Principal Office Address

1202 N. 19th ST.

3. Mailing Office Address

1202 N. 19th ST.

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33605

Country

USA

Zip

33605

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3440290

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

RALPH S. MARCADIS

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

4062 HENDERSON BLVD

Suite, Apt. #, Etc.

City

TAMPA

State
FL

Zip Code

33629

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

10-23-01

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
<i>D</i>	<i>MIKE PINNEY</i>	<i>1202 N. 19th ST., STE 100</i>	<i>TAMPA FL 33605</i>

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)(b), 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

Date

Daytime Phone #

FILED

01 OCT 25 AM 11:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

300004688103--0

-11/20/01--01004--006

****150.00 ****150.00

1002



Executive National Leasing

Tel (813) 258-8869
Fax (813) 242-6668

1202 N. 19th Street, Ste. 100 Tampa, Florida 33605
E-mail: Exeautos@tampabay.rr.com

October 18, 2001

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Waiver of Reinstatement Fee
FEI Number: 59-3440290
Executive National Leasing, Inc.

It has come to my attention that a Uniform Business Report should have been filed prior to the end of September. However, we were unaware of this deadline. We never received notice of the due or closing dates for filing. Executive National Leasing, Inc., moved from 110 South Magnolia Ave., Ste. 300, Tampa, FL 33606 to 1202 N. 19th Street, Tampa, FL 33605 in January 2001. Although our mail has been forwarded, we did not receive a notice from Florida State or the Division of Corporations. Additionally, our agent, Ralph S. Marcadis also moved his location from 3400 West Kennedy Blvd., Tampa, FL 33609 to 4062 Henderson Blvd., Tampa, FL 33629 which may have complicated the process.

Therefore, I respectfully request a waiver for the reinstatement fee due to non-receipt of the UMB Reports. It is my understanding that to continue my corporation status requires completing the UBR Reinstatement Application, which is attached, and enclosing a company check in the amount of \$150.00 for the regular filing fee.

I appreciate your time and assistance in this matter. Should there be any questions, please feel free to contact me (813)258-8869.

Very truly yours,

Michael Pinney
President

2cel