PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR REINSTATEMENT

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

98 APR 22 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000032331

1. Corporation Name

SIGNATURE LEASING, INC.

Principal Place of Business	Mailing Address
1543 La Salle St. TAMPA, FL 33607	P.O. BOX 4238 TAMPA, FL 33677-4238

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
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 4/21/97

5. FEI Number: 59-4353925 ☐ Applied For ☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	WILLIAM S. COWHERD	64 MARTINIQUE AVE.	TAMPA, FL 33606

800002856528--3
-04/29/98--01072--012
****300.00 ****300.00

8. Name and Address of Current Registered Agent

WILLIAM S. COWHERD
64 MARTINIQUE AVE.
TAMPA, FL 33606

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc

City | State: FL | Zip Code

CR2E081 (12/96)

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: William S Cowherd, President — Date: 4/19/98

REGISTERED AGENT MUST SIGN

11. This corporation owes 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: William S Cowherd — WILLIAM S. COWHERD, PRESIDENT — 4/19/98 — (813) 263-8403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)

Signature Leasing, Inc.
P.O. Box 4238
Tampa, Fl. 33677-4238
(813) 258-0072
(813) 258-1078 Fax

4/19/99

Florida Department of State
Division of Corporations
409 E. Gaines St.
Tallahassee, Fl. 32399

Dear Examiner:

This letter is in response to the unintentional dissolution of Signature Leasing, Inc. We do not receive mail at our physical address. When the Department of State would send us mail it was never delivered. We don't have a mailbox due to the questionable neighborhood we're in. Unfortunately, we were never contacted through our mailing address P.O. Box 4238 Tampa, Fl. 33677-4238

Please accept our request for reinstatement Enclosed is a check to cover 1998 & 1999 filings.

Regretfully,

William S. Cowherd, President
Signature Leasing, Inc.