

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000058216

1. Corporation Name

PRIME SOURCE LEASING, INC.

Principal Place of Business

Mailing Address

1338 So. Killian Drive Suite 7
Lake Park, Florida 33403

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

2. New Principal Office Address, if Applicable
same as above

3. New Mailing Office Address, if Applicable
same as above

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

1997

5. FEI Number

65-0773114

Applied For

Not Applicable

6. CERTIFICATE OF STATUS FEE ☒ \$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)

Titles

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

1

2

3

(Do NOT Use Post Office Box Number)

PTD Aniqah Quraeshi

1338 S. Killian Drive
Suite 7

Lake Park, FL 33403

100002862921--9
-05/05/99--01007--021
****908.75 ****908.75

8. Name and Address of Current Registered Agent

Johnny Schulz

1995 W. Commercial Blvd, Suite L
Ft. Lauderdale, FL 33309

9. Name and Address of Newly Registered Agent

Barbara Guncheon

1338 S. Killian Drive, Suite 7
Suite 7

Lake Park, FL

FL 33403

Signature of
Registered Agent

Barbara Guncheon

April 9, 1999

11. This corporation owes the current year
Intangible Personal Property Tax due June 30

(Yes ☐ No ☒)

I, the undersigned, an officer or director of the corporation, hereby certify that the information furnished on this reinstatement application is true and correct, and that the corporation has been organized in accordance with the laws of the State of Florida, and that the corporation has been duly organized and is in good standing, and that the information furnished on this application is true and accurate, and my signature shall have the same legal effect as if I were personally present.

SIGNATURE:

Aniqah Quraeshi (ANIGAH QURAESHI)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99 (561) 848-0000