

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 22 PM 2:28

DOCUMENT # P97000063254

1. Corporation Name
BAESEL VIEW LEASING CORP.

2. Principal Office Address
390 N. Orange Avenue

Suite, Apt. #, etc.
Suite 2100

City & State
Orlando, FL

Zip Country
32801 U.S.A.

3. Mailing Office Address
390 N. Orange Avenue

Suite, Apt. #, etc.
Suite 2100

City & State
Orlando, FL

Zip Country
32801 U.S.A.

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida** JULY 22, 1997

5. FEI Number
59-3485287

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 WILLIAM B. PRINGLE, III, ESQ.

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

390 N. Orange Avenue

Suite, Apt. #, Etc.
Suite 2100

City
Orlando,

State Zip Code
FL 32801

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

REGISTERED AGENT MUST SIGN

Date 6/21/01

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
Dir.	William B. Pringle, III	390 N. Orange Avenue Suite 2100	Orlando, FL 32801

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)



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ACCOUNT NO. : 072100000032
REFERENCE : 196207 105022A
AUTHORIZATION : *Patricia Pigatto*
COST LIMIT : \$ 900.00

ORDER DATE : June 22, 2001

ORDER TIME : 10:45 AM

ORDER NO. : 196207-005

CUSTOMER NO: 105022A

CUSTOMER: William B. Pringle, Esq
William B. Pringle, Esq
Suite 2100
390 North Orange Ave.
Orlando, FL 32801

RECEIVED
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DIVISION OF CORPORATIONS
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NAME: BAESSEL VIEW LEASING CORP.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi ext. 1132

EXAMINER'S INITIALS _____