

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 23 PM 3: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000068367**

1. Corporation Name

UNISTAR LEASING, INC.

2. Principal Office Address

22 HARBOR POINT
Suite, Apt. #, etc.

KEY BISCAIYNE, FL

City & State

KEY BISCAIYNE, FL

Zip

33149

Country

USA

3. Mailing Office Address

22 HARBOR POINT
Suite, Apt. #, etc.

City & State

KEY BISCAIYNE, FL

Zip

33149

Country

USA

REINSTATEMENT

0304

4. Date Incorporated or Qualified
To Do Business in Florida

8/6/97

5. FEI Number

650779437

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

LOUIS S. ROBLES

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

22 HARBOR POINT

Suite, Apt. #, Etc.

300030953683

03/23/04-01102-019 **901.00

City

KEY BISCAIYNE FL

State

FL

Zip Code

33149

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

Louis S. Robles

Date

3/18/04

REGISTERED AGENT MUST SIGN

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
DST	LOUIS S. ROBLES	22 HARBOR POINT KEY BISCAIYNE, FL	KEY BISCAIYNE, FL. 33149

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: **Louis S. Robles**

LOUIS S. ROBLES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04

Date

305-632-5733

Daytime Phone #

CR2E061 (01/04)

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