

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 172

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000091177

**1. Corporation Name**

RENTELEASE CORPORATION, INC.

**2. Principal Office Address**

1320 NORTH MIAMI AVE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33136

Country

USA

**3. Mailing Office Address**

1320 NORTH MIAMI AVE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33136

Country

USA

FILED

04 JUN -3 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600037799276  
06/09/04--01043--001 \*\*750.00

REINSTATEMENT

00-04

**4. Date Incorporated or Qualified**

To Do Business in Florida 10-23-1997

**5. FEI Number**

65-0790942

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

RICARDO K ALVAREZ

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

3422 SW 106TH AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

**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

*Ricardo K Alvarez*

REGISTERED AGENT MUST SIGN

Date 06-02-2004

**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
PD	RICARDO K ALVAREZ	3422 SW 106TH AVE	MIAMI, FL 33165

**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:

*Ricardo K Alvarez*

06-02-2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

ps 2082

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

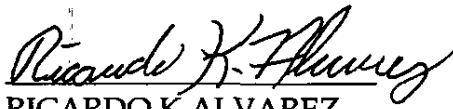
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED OUR ANNUAL REPORT TO PAY THE ANNUAL FEE SINCE THE YEAR OF 2000. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

  
RICARDO K ALVAREZ  
PRESIDENT