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APPLICATION FOR REINSTATEMENT	ALL INSTRUCTIONS FLORIDA DEPARTMEI Sandra B. Mor Secretary of S DIVISION OF CORPOR	NT OF STATE tham State	1	ggreeze PM12:	59
DOCUMENT # P97000100564			SECIR TARY OF STATE TAPLAMASSEF, FLORIÐA		
1. Corporation Name SPEEDLINE LEASING, INC.				IM PARASSON CORE	•
Principal Place of Business Mailing Address  8949 S.E. BRIDGE RD 8949 S.E. BRIDGE RD		) 	Dagan 1880: Sena Bena Bena Benar Menar Menar Benar B	ANT THE BUILD BUT IPE	
SUITE 291 HOBE SOUND FL 33455	291 SUITE 291 SOUND FL 33455 HOBE SOUND FL 33455				
If above addresses are incorrect in any way line through incorrect information and enter particular tracks.  New Principal Office Address: if Applicable 3, New Mailing Office Address: if Applicable			4. Date Incorporated or Qualified To Do Business in Flonda		
Suite, Apt. #, etc.	Suite. Apt. #, etc.		5. FEI Number	11/2	6/1997 Applied For
City & State	City & State		53-00-		Not Applicable
Zip Country	Zip Countr	y	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)  Name of Officers  Street Address of Each					
Title(s) and/or Directors Street and/or Directors Officer and/or Directors 1 2 3 IDO NOT Use Post Office Bax Nu			mbers.	City / State	/ Zip
PRES. KEVIN T. RYA	N 8949 5.E	F. BRIDG	E Ro.	HOBE Sound	FL 33455
Suite 291					
PLESIDENT				6464644474541454 - 637754749-41 ************************************	1678~-001 [
		NB 2/24			
			10/3/		
8. Name and Address of Current R	legistered Agent	<del></del>	9. Name and A	ddress of New Registered Ag	ent
RYAN, KEVIN 8949 S.E. BRIDGE RD SUITE 291 HOBE SOUND FL 33455  Name Street Address (P. Suite, Apt. #, Etc. City			(P.O. Box Number is Not Acceptable)		
			State FL		
			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. 2-94 (Rusu Sm., Hock)  Signature of Registered Agent  REGISTERS OF TOURS 2013.1		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No 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 filling 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 fisted on this form do not qualify for an exemption uniter section 119.07(3)(i). F.S. The information indicated on this application is true and accurate, and my signature shall have the same tegal effect as if made under oath					
on this application is true and accurate, and my signature shall have the same legal effect as it made under oath  3.22-99 (ResubmitHeal)  5.31.4777    PRESIDENT 451-99 561-627-7702					