

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAR 29 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # ~~P97000021237~~

1. Corporation Name

P970000108428
SOUTHERN LEASE AND FINANCE CORP

2. Principal Office Address

4675 PONCE DE LEON BLVD

Suite, Apt. #, etc.

STE 302

City & State

CORAL GABLES, FL

Zip

33146

Country

USA

3. Mailing Office Address

4675 PONCE DE LEON BLVD

Suite, Apt. #, etc.

STE 302

City & State

CORAL GABLES, FL

Zip

33146

Country

USA

400003203764--6

-04/11/00--01031--008

***1050.00 ***1050.00

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/97

5. FEI Number

65-0878164

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

R. KEITH ALLEN

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

4675 PONCE DE LEON BLVD

Suite, Apt. #, Etc.

SUITE 302

City

CORAL GABLES

State

FL

Zip Code

33146

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 3/28/00

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
PRES	CHERI COLLINS	4662 WOODLANDS VILLAGE DRIVE	ORLANDO, FL 32835

REINSTATEMENT 98-001 TS

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:

Cheri Collins

CHERI COLLINS

3/28/00

407-296-9770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (C611) 305-794-7700

MAR 28 '00 17:08

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