

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

CORPORATION		FLORIDA DEPARTMENT OF STATE	
REINSTATEMENT		2000 UBR	
DOCUMENT #		P99000033305	
1. Corporation Name			
Seminole Leasing & Sales Inc			
2. Principal Office Address		3. Mailing Office Address	
		305 old Sanford/Oviedo Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
		Winter Springs	
Zip	Country	Zip	Country
		F/32708	Seminole
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number	
		59-3571044	
		Applied For	
		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED		\$8.75 Additional Fee required for a Certificate of Status	
<input checked="" type="checkbox"/>			
7. Name and Address of Current Registered Agent			
Name			
Marie D Chowanski			
Street Address (P.O. Box Number is Not Acceptable)			
846 Dunbar Dr			
Suite, Apt. #, Etc.			
City		State	Zip Code
Winter Springs		FL	32708
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		Date	
Marie D Chowanski		11-28-00	
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
Pres	MARIE D CHOWANSKI	846 DUNBAR DRIVE	WINTER SPRINGS FL 32708
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:		407	
Marie D Chowanski		11-28-00 493-1694	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (9/99)

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p99-33305

**Seminole Leasing & Sales, Inc.
305 Old Sanford/Oviedo Rd.
Winter Springs, FL 32708**

October 13, 2000

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

I received the enclosed dissolution notice. The renewal for this as well as a check for \$150.00 was mailed at the same time as the Internal Revenue Tax filing and check. The later has cleared but I do not know what has happened to this renewal.

I did not receive any other notice and did not realize I had a problem. Per my phone conversation with this office on 10/13/2000, enclosed is a check for \$150.00 in the hope that you will look favorably and reinstate my corporation.

Thank you for your cooperation and I apologize for any inconvenience this may have caused.

I would also like to note that the Town has changed our address earlier this year to 305 Old Sanford/Oviedo Road, Winter Springs, FL 32708.

SEMINOLE LEASING & SALES, INC.

Marie D. Chowanski

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