

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 MAR 19 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P99000044038**

1. Corporation Name

**ARLEE LEASING CORPORATION**

Principal Place of Business

Mailing Address

10390 BOCA WOODS LANE  
BOCA RATON FL 33428

10390 BOCA WOODS LANE  
BOCA RATON FL 33428



If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>05/14/1999</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0926969</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PTD	PRINCE, SHIRLEY	10390 BOCA WOODS LANE	BOCA RATON FL 33428
SVD	PRINCE, ARLENE	435 EAST 65TH STREET	NEW YORK NY 10021

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MAURER, JANI E ESQ. 500 NE SPANISH RIVER BLVD. SUITE 27 BOCA RATON FL 33431		Name - ARLENE PRINCE Street Address (P.O. Box Number is Not Acceptable) 10390 BOCA WOODS LN Suite, Apt. #, Etc. City BOCA RATON, FL State FL Zip Code 33428	

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.

Signature of Registered Agent  **SIGNATURE REQUIRED** Date 12/1/00

REGISTERED AGENT MUST SIGN

11. 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:**  **SIGNATURE REQUIRED** 12/1/00 561-487-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (800)

292

**Arlee Leasing Corporation**

10390 Boca Woods Lane  
Boca Raton, Florida 33428

561-487-8888

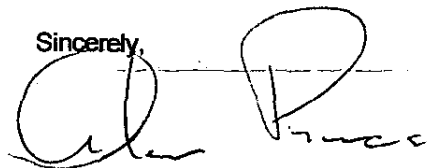
November 29, 2000

Division Of Corporations  
Annual Report/ Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6326

Dear Sir or Madam:

Per the instructions I received today via telephone with your office: enclosed please find the \$150.00 Annual Report filing fee along with application for reinstatement form. The Corporation's original attorney, who was listed as registered agent, never forwarded any forms for filing an annual report and none were received at the corporate address.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Arlene Prince', written over a horizontal line.

Arlene Prince