

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 MAY -1 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000081643**

1. Corporation Name

AMERICAN STATES LEASING GROUP, INC.

Principal Place of Business

15950 BAY VISTA DRIVE
SUITE 170
CLEARWATER FL 33760

Mailing Address

15950 BAY VISTA DRIVE
SUITE 170
CLEARWATER FL 33760

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/1999

5. FEL Number

59-3607135

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres	[REDACTED]		
Pres	JUDY Di VINCENTO	15950 BAY VISTA DRIVE 15950 BAY VISTA DRIVE	CLEARWATER FL 33760
			400004287264-4 -05/22/01--01067--007 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

DAY, LEEANN E
15950 BAY VISTA DRIVE
SUITE 170
CLEARWATER FL 33760

9. Name and Address of New Registered Agent

Name: **JUDY Di VINCENTO**
Street Address (P.O. Box Number is Not Acceptable): **15950 BAY VISTA DRIVE**
Suite, Apt. #, Etc.: **170**
City: **CLEARWATER** State: **FL** Zip Code: **33760**

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

Judith A. DiVincenzo
REGISTERED AGENT MUST SIGN

Date

4/30/01

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:

Judith A. DiVincenzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/01 (727) 479-0112
Daytime Phone #

CR2E040 (8/00)