

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V17057

1. Corporation Name

SERVLEASE FLORIDA, INC.

FILED

97 APR -2 PM 2:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

6801 COLLINS AVE
MIAMI BEACH FL 33141
US

Mailing Address

6801 COLLINS AVE
MIAMI BEACH FL 33141
US



REINSTATEMENT

AD 96-97

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

2. New Principal Office Address, If Applicable

SUITE 527
300 71ST ST.
City & State

3. New Mailing Office Address, If Applicable

SUITE 527
300 71ST ST.
City & State

4. Date Incorporated or Qualified
To Do Business in Florida

02/26/1992

5. FEI Number

65-0328704

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	FRANK E. RENG	3925 COLLINS AVE	MIAMI BEACH FL 33140
P.T	CRISTIANE BOMENY	3925 COLLINS AVE.	MIAMI BEACH, FL. 33140
VP	ANDY GRUBER	SUITE 527 300 71 ST ST.	MIAMI BEACH FL. 33141
SEBY	GILBERTO BOMENY	3925 COLLINS AVE.	MIAMI BEACH FL. 33140
			400002134024-1 -04/04/97-01092-001 ***\$15.00 ***\$15.00

8. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES INC
201 S. BISCAYNE BLVD.
SUITE 3000
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name IRVING SHIMOFF
Street Address (P.O. Box Number is Not Acceptable)
200 S. BISCAYNE BLVD.
Suite, Apt. #, Etc. SUITE 1050
City MIAMI State FL Zip Code 33131

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

Irving Shimoff

REGISTERED AGENT MUST SIGN

Date

3/19/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ 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 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

Irving Shimoff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #