

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 MAR 13 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V 28944

1. Corporation Name

ALTERNATIVE Leasing Inc

2. Principal Office Address

9781 S.O.B.T.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Zip 32837 Country ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida

4-16-92

5. FEI Number

59-311809-8

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Daniel P. Cuebas

200005179912-8

-04/01/02--01068--002

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

1421 Whitehall Blvd

***150.00 ***150.00

Suite, Apt. #, Etc.

200005179912-8

-04/01/02--01068--003

City

Winter Springs

State

FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1-15-01

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
S	Diane M Cuebas	1421 Whitehall Blvd Winter Spr FL 32708	
PRES	DANIEL P. CUEBAS	1421 WHITEHALL BLVD	WINTER SPR 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/1/02

Daytime Phone #

407-858-3040

CR2E081 (9/00)