

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV -1 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V53494**

1. Corporation Name

MR. C'S LEASING, INC.

Principal Place of Business

Mailing Address

4150 TURNBERRY CIR
#33
LAKE WORTH FL 33467

4150 TURNBERRY CIR
#33
LAKE WORTH FL 33467

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

2. New Principal Office Address, If Applicable

11035 62 LN
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

11035 62 LN
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

07/28/1992

5. FEI Number

65-0357253

Applied For

Not Applicable

City & State

Royal Palm Beach Florida

City & State

Florida

Zip

33412

Country

Zip

33412

Country

Royal Palm Beach

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D.	CUTIETTA, FRANK	4150 TURNBERRY CIR #33	LAKE WORTH FL
	Same	11035 62 LN	Royal Palm Beach FL
			600001997316--7
			-11/06/96--01026--004
			***375.00 ***375.00

8. Name and Address of Current Registered Agent

CUTIETTA, FRANK
4150 TURNBERRY CIR
#33
LAKE WORTH FL 33467

9. Name and Address of New Registered Agent

Name **Cutietta, Frank**
Street Address (P.O. Box Number is Not Acceptable)
11035 62 LN
Suite, Apt. #, Etc.
City **Royal Palm Beach** State **FL** Zip Code **33412**

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

Frank Cutietta

REQUIRED

Date **9-23-96**

REGISTERED AGENT MUST SIGN

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:

Frank Cutietta
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-23-96
Date

1-800-846-9775
Daytime Phone #