2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000117065

1. Entity Name
STAGE COACH SALES AND LEASING COMPANY

FILED
06 MAY 15 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1717 EAST FOWLER AVENUE TAMPA, FL 33612	1717 EAST FOWLER AVENUE TAMPA, FL 33612

05082006 : REIN-P CR2E098 (11/05) 05-06

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVID, JUHRE B 5798 WEST SHORE DRIVE NEW PORT RICHEY, FL 34652	Name: Laurie E. Dhall, Esquire Street Address (P.O. Box Number is Not Acceptable): 9350 Bay Plaza Blvd. Suite 120-04 City: Tampa FL Zip Code: 33619

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: LEDhall 5/6/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PAPPAS, HARRY 5798 W. SHORE DR. NEW PORT RICHEY, FL 34652	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, S, T Pappas, Harry Same address	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PAPPAS, ANESSA 5798 W. SHORE DR. NEW PORT RICHEY, FL 34652	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800075217528 05/25/06--01005--016 **300.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PAPPAS, ANGELA 5798 W. SHORE DR. NEW PORT RICHEY, FL 34652	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5/25/22	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/6/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #