2007 FOR PROFIT CORPORATION REINSTATEMENT

PRICEIP Place of Business A22 I HOLIDAY DRIVE FURT, M 45507 US B. PITICIPAL Place of Business - No P.O. Box # 22 I HOLIDAY DRIVE FURT, M 45507 US B. PITICIPAL Place of Business - No P.O. Box # 2 I Medica Activage Suite, Apr. # etc.	DOCUMENT # P06000130151 1. Entity Name COONS SEMI-TRAILER LEASING, INC.					FILED 07 001 17 PM 12: 50				
Suito, Apt. #; etc. Suito, Apt. #; etc. Suito, Apt. #; etc.	4221 HOLIDAY DRIVE 4221 HOLIDAY DRIVE					SCONCIÁRI ÓF STATE TALLAHASSEE, FLORIDA				
City & State Country	Principal Place of Business - No P.O. Box # 3. Mailing Address									
A Serial Address of Curriery	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1008	ING AP.	ÇŘ 8098 (1/07)	67	
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAM R. BARKER, P.A. 801 NORTH MAGNOLIA AVENUE Street Address (P.O. Box Number is Not Acceptable) City FL 2gr Code 8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Forde. I am familiar with, and accept the obligators of registered agent. SIGNATURE FILE HOWRIT PRE IS \$195.00 After Jenuary 1, 2008, Fee will be \$300.00 In accordance with a \$671,193(2)(b), F.S., the corporation did not necessive the pinor notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DIP COONS, WILLIAM SITERI MORESS COTY-51-2P TITLE SITERI ADDRESS COTY-51-2P TITLE SITERI ADDRESS COTY-51-2P TITLE Debte TITLE			· · · · · · · · · · · · · · · · · · ·		4. FEI Numb	51 53 74	/ N	ot Applicable		
WILLIAM R. BARKER P.A. 801 NORTH MAGNOLIA AVENUE SUITE 416 ORLANDO, FL 32803 City FL Zip Code 8. The above named with judicial statement for the purpose of changing its registered agent, or both, in the State of Forida. I am furnillar with, and accept the obligations of registered origins and upper. SIGNATURE SIGNATURE FILE NOWIT! FRE IS \$150.00 After January 1, 2008, Fee will be \$300.00 After January 1, 2008, Fee will be \$300.00 10. OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS TO OFFICERS OFFI TO O	Zip				try	<u>. </u>		Fee Require		
Street Address (P. 0. 8ox Number is Not Acceptable) Street Address (P. 0. 8ox Number is Not Acceptable) City FL Zip Code a. The above named cristly submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent. SIGNATURE Suprimer in ord registered agent and that repolacials. PDTE Implement Agent departure required when retiredation. PDTE Implement Agent departure required when retiredation. DOR THE NOWILL FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. THE NAME COONS, WILLIAM SIRET ADDRESS CITY-ST-2P THE SCOONS, WILLIAM 48507 THE SCOONS, WILLIAM 48507 THE SCOONS, WILLIAM 48507 THE MAKE COONS, WILLIAM 48507 THE MAKE COONS, WILLIAM 48507 THE MAKE COONS, WILLIAM 50000 THE MAKE SIRET ADDRESS CITY-ST-2P THE CITY-ST-2P CIT			Registered Agent		Name	7. Name and	Address of New R	legistered Agent		
City FL Zip Code 8. The above remed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Will be \$100.00 SIGNATURE Signature of registered agent. SIGNATURE Will be \$100.00 After January 1, 2008, Pee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIME DIP COONS, WILLIAM SIREE MORESS 4221 HOLIDAY DRIVE CITY-ST-2P FUNT, MI 48507 TIME SIREE MORESS CITY-ST-2P FUNT, MI 48507 TIME SIREE ADDRESS CITY-ST-2P FUNT, MI 48507 TIME Detection of the state of the sta	801 NORT	801 NORTH MAGNOLIA AVENUE				Street Address (P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Poride. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typical princed opens and the flagolatate. FILE NOWITH FEE IS \$190.00 After January 1, 2008, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS. THE DIP COONS, WILLIAM SIRET ADDRESS OFFI-ST-2P CUTY-ST-2P CUTY-ST-			City				E ∎ Zip Coo	le .		
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ITTLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.	TITLE NAME STREET ADDRESS		☐ Delete	TITU NAM STRE	E Et address			☐ Change	Addition	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.	TITLE NAME STREET ADDRESS		☐ Delete	NAM STRE	E ET ADDRESS			Change	Addition	
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