

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000130151		
1. Entity Name COONS SEMI-TRAILER LEASING, INC.		

Principal Place of Business 4221 HOLIDAY DRIVE FLINT, MI 48507 US	Mailing Address 4221 HOLIDAY DRIVE FLINT, MI 48507 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
WILLIAM R. BARKER, P.A. 801 NORTH MAGNOLIA AVENUE SUITE 416 ORLANDO, FL 32803	

FILED
07 OCT 17 PM 12: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT		1008 (1/07)
4. FEI Number 61-1515374	Applied For	Not Applicable
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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: *William E Coons* DATE: 10-08-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P COONS, WILLIAM 4221 HOLIDAY DRIVE FLINT, MI 48507 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S COONS, WILLIAM 4221 HOLIDAY DRIVE FLINT, MI 48507 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500110871085 10/17/07--01006--005 **158.75 ☐ Change ☐ Addition
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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: *William E Coons* DATE: 10-08-07 DAYTIME PHONE #: 810 767 4311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR