


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 416828		
1. Entity Name LEISURENTALS, INC.		

Principal Place of Business 1208 OHIO AVENUE LYNN HAVEN, FL 32444	Mailing Address 1208 OHIO AVENUE LYNN HAVEN, FL 32444
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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

FILED
09 DEC 24 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10272008 REIN-P CR2E098 (1/07)

4. FEI Number 59-1534029	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MOUNT, A.L. 233 W. BALDWIN RD. PANAMA CITY, FL 32405		7. Name and Address of New Registered Agent Name <u>Rockwell Mount</u> Street Address (P.O. Box Number is Not Acceptable) <u>233 W BALDWIN RD</u> City <u>PANAMA CITY</u> FL Zip Code <u>32405</u>	
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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 [Signature] PP DATE 12/20/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2009, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOUNT, A L (PETE) 233 W BALDWIN ROAD PANAMA CITY, FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700139095217 12/17/08--01024--013 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOUNT, ANN L 233 W BALDWIN ROAD PANAMA CITY, FL 32405, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOUNT, ERIC A. 233 W. BALDWIN RD. PANAMA CITY, FL 32405, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP MOUNT, ROCKWELL L. 233 W. BALDWIN RD. PANAMA CITY, FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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] Rockwell L Mount, 12/16/08 850 265 9178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #