PLEASE RE	AD ALL INST	ructions	BEFORE C	OMPLET	ING THIS FORM.		
		DRIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILID 98 MAY -7 AM II: 56			
DOCUMENT # 537299 1. Corporation Name	(0)	(0)		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
C & S LEASING CORPORAT	TION					ļ	
Principal Place of Business 1831 Kooter Lane Lakeland, FL 33805	183	Maiting Address 1831 Kooter Lane Lakeland, FL 33805					
If above addresses are incorrect in any way, 2. New Principal Office Address, if Applicable		ough incorrect information and enter correction below. 3. New Mailing Address, If Applicable			DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc.	Suite, Apt. #	Suite, Apt. #, etc.		06/10/77			
City & State	City & State	City & State		8		Not Applicable	
Zip Country	Zip	Country	/			75 Additional Fee required or a Certificate of Status	
7. Names and Street Addresses of Each Office Name of Office	``_	,	tions must list at lease				
Title(s) and/or Directo		Officer and/or Director 3 (Do NOT Use Post Office Box N			City / St	ate / Zip	
DP Rodney M. Lineber	oqer	1831 Kooter Lane			Lakeland, FL	33805	
			einst	·	-05/12/00 ****1050.75 ENT 96-9	01040 017 ***1058.75	
					4	2/1/10	
8. Name and Address of Cu	rrent Registered Age	eni	Name	9. Name and A	Address of New Registered	Agent	
Linchesses Reduce M				O. Box Number	is Not Acceptable)		
1831 Kooter Lane Lakeland, FL 33805			Suite, Apt. #, Etc.				
			City State Zip Code				
10. I, being appointed the registered agent of t	he above named corpo	oration, am familiar wi	th and accept the ob	ligations of Secti	FL on 607.0505, F.S.		
	M. LINE		·		Date05/06/98	3	
 Does this corporation p Dept. of Revenue under 	ay any intang r S. 199.032,	gible tax to th Florida Stati	e utes. Yes [☐ No [le for information gible tax.)	
12. I do hereby certify that the information sup- lease the Division of Corporations from an certify that I am an officer or director or the this reinstalement application the reason f- fees owed by the corporation have been p- under oath.	y liability of non-compli o receiver or trustee el or dissolution has bee	iance with Section 119 mpowered to execute in etiminated, the corp	9.07(3)(k) in the ever this application as p porate name satisfie	nt that the information of the i	ation supplied is deemed exe hapter 607 or 617, F.S. I furth his of section 607.0401 or 61 signature shall have the sam	mpt from public access. I er cerlify that when filing 7.0401, F.S., and that all le legal effect as if made	
SIGNATURE: SIGNATURE AND TYPED	OR RELINTED NAME OF	SIGNING OFFICER OF	DIRECTOR	0!	5/06/98 (941)68	38-5411 sytime Phone #	

Date