

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 DEC 29 PM 3:09
TALLAHASSEE, FLORIDA

DOCUMENT # F96000003037

1. Entity Name
FIRSTLEASE, INC.



Principal Place of Business
5718 E COLUMBUS DR
TAMPA, FL 33619

Mailing Address
~~5718 E COLUMBUS DR~~
~~TAMPA, FL 33619~~



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
First Lease, Inc.
4315 Buford Highway
Norcross, GA
30071-2703
Country
Gwinnett

12152005 REIN-P CR2E098 (6/04)

4. FEI Number
58-2214302

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
PROCTOR, SOL H
233 EAST BAY STREET
JACKSONVILLE, FL 32202

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

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HICKS, WILLIAM W 4125 WELLINGTON LAKE DULUTH, GA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	George E. Morrell <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1718 Honey Tree Place Roschton, GA 30548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARDREP, BILL R 5166 BROADGREEN DR NORCROSS, GA 30092 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEENY, DAVID 202 HERITAGE PARK DRIVE MURFREESBORO, TN <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Roberts DEC 29, 2005 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON, GARY 202 HERITAGE PARK DRIVE MURFREESBORO, TN <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200062511422 12/30/05--01052--012 **150.00 <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 exemption stated in Section 119.07(3)(i), 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: _____ 12/15/05 678-291-0689
Signature and typed or printed name of signing officer or director Date Daytime Phone #