

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F98000000716

1. Entity Name
A & B LEASING ENT. INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -2 PM 1:23

Principal Place of Business
200 WEST AIRPORT DRIVE
SEBASTIAN, FL 32958

Mailing Address
200 WEST AIRPORT DRIVE
SEBASTIAN, FL 32958

2. Principal Place of Business - No P.O. Box #
1590 56th Square East

3. Mailing Address
1590 56th Square East



03272008 REIN-P CR2E098 (1/07)

City & State
Vero Beach, FL

City & State
Vero Beach, FL

4. FEI Number
65-0797541

Zip
32966

Country
USA

Zip
32966

Country
USA

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

6. Name and Address of Current Registered Agent
SWING, BONNIE
200 WEST AIRPORT DRIVE
SEBASTIAN, FL 32958

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 *Bonita Swing* DATE 3-28-08
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SWING, BONITA
STREET ADDRESS 140 N WHITE JEWEL CT
CITY-ST-ZIP VERO BEACH, FL 32958 ☐ Delete

TITLE SDT
NAME SWING, AMY
STREET ADDRESS 1590 EAST 56TH SQUARE
CITY-ST-ZIP VERO BEACH, FL 32966 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 1590 56th Square East
CITY-ST-ZIP Vero Beach, FL 32966 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 600121950326
CITY-ST-ZIP 04/02/08--01034--017 **900.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Bonita Swing Pres.* DATE 3-28-08 DAYTIME PHONE # 772-589-1840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REINSTATEMENT