
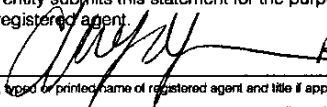


2006 FOR PROFIT CORPORATION REINSTATEMENT

| | | | | | |
|---|-----------------------------------|---|--|---|--|
| DOCUMENT # F99000001514 1. Entity Name GFG LEASE, INC. | | | |  | |
| Principal Place of Business 1829 SE AIRPORT RD B STUART, FL 34996 | | | Mailing Address PO BOX 377 STUART, FL 34995 | | |
| 2. Principal Place of Business 1816 S.E. AIRPORT RD. | | 3. Mailing Address 3974 S.E. OSPREY CREEK WAY | | | |
| Suite, Apt. #, etc. AIRPORT RV - 40 STORAGE FACILITY | | Suite, Apt. #, etc. | | | |
| City & State STUART, FL | | City & State PALM CITY, FL | | 4. FEI Number 11-3337389 | |
| Zip 34996 | | Country U.S. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WAGNER, CLIFFORD J 1865 SE AIRPORT ROAD STUART, FL 34996 | | | 7. Name and Address of New Registered Agent Name CLIFFORD J. WAGNER Street Address (P.O. Box Number is Not Acceptable) 3974 S.E. AIRPORT RD. City PALM CITY FL Zip Code 34990 | | |
| 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  PRES. CLIFFORD J. WAGNER, PRES. 1/23/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$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 VP | NAME WAGNER, CLIFFORD J | | TITLE PRES, VP, TR, DR. | | |
| STREET ADDRESS P.O. BOX 377 | | NAME CLIFFORD J. WAGNER | | | |
| CITY-ST-ZIP STUART, FL 34995 | | STREET ADDRESS 3974 SE AIRPORT RD. | | | |
| CITY-ST-ZIP STUART, FL 34995 | | CITY-ST-ZIP PALM CITY, FL 34990 | | | |
| TITLE VP | | NAME WAGNER, CLIFFORD J | | TITLE PRES, VP, TR, DR. | |
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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.

 **PRES. CLIFFORD J. WAGNER, PR.** **1/23/06**

FILED
06 JAN 25 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 01/02/06 REIN-PCR2E098 (11/05) 05-06