

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 OCT 11 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G20981

1. Corporation Name

Centurion Leasing Co.

2. Principal Office Address - No P.O. Box #

5912 New Kings Road

Suite, Apt. #, etc.

3. Mailing Office Address

5912 New Kings Road

Suite, Apt. #, etc.

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/31/1983

5. FEI Number

59-2285425

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32209

Country

US

Zip

32209

Country

US

7. Name and Address of Current Registered Agent

Name

James A. Nolan, P.A.

Street Address (P.O. Box Number is Not Acceptable)

4114 Herschel Street

Suite, Apt. #, Etc.

Suite 105

City

Jacksonville

State

FL

Zip Code

32210

300213189823
10/11/11--01002--004 **1985.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/3/2011

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PDS	Vicki E. Shafer	5912 New Kings Road	Jacksonville, FL 32209
VP	Richard S. Ingram, Jr.	5912 New Kings Road	Jacksonville, FL 32209
VP	Charles L. McGarity	5912 New Kings Road	Jacksonville, FL 32209

REINSTATEMENT 03-11

10/12/11

10. E-mail Address: debra@nolanlawpa.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Debra Shoyen

10/3/2011

904-766-8548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #