

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthem
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 27 PM 12:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **G25621**
1 Corporation Name
FOUR J'S LEASING & RENTALS, INC.

Principal Place of Business	Mailing Address
% JAMES C. CONDRACK, JR. 5610 DORAL DRIVE SARASOTA FL 34243-0841	% JAMES C. CONDRACK, JR. 5610 DORAL DRIVE SARASOTA FL 34243-0841



REINSTATEMENT *9600*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida	02/25/1983
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	59-2272168
City & State	City & State	Applied For	Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required and Certificate Stamp

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	CONDRACK, JAMES C., JR.	5610 DORAL DRIVE	SARASOTA FL
VST	CONDRACK, JEFFREY	6328 SAMOA DRIVE	SARASOTA FL

100002042131--8
-12/31/96--01055--003
***1125.00 ***375.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent		
CONDRACK, JAMES C., JR. 5610 DORAL DRIVE SARASOTA FL 34243	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	Suite, Apt. #, Etc.		
	City	State FL	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: *James Condrack Jr.* REGISTERED AGENT MUST SIGN Date: *12-23-96*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *James Condrack Jr.* 12-23-96 941-3575588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF-2E-40 (7/86)