2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 19, 2009
Secretary of State

DOCUMENT# K50298

Entity Name: CRA LEASING, INC.

Current Principal Place of Business:

1401 SECOND ST
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1401 SECOND ST
SARASOTA, FL 34236 US

New Mailing Address:

PO BOX 49044
SARASOTA, FL 34230 US

FEI Number: 65-0086830 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WOOD, THOMAS A
1401 SECOND ST
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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.

SIGNATURE: THOMAS A. WOOD

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: WOOD, THOMAS A.
Address: 902 DRAKESWOOD CT.
City-St-Zip: SARASOTA, FL

Title: ST ( ) Delete
Name: WOOD, THOMAS A.
Address: 902 DRAKESWOOD CT.
City-St-Zip: SARASOTA, FL

Title: V ( ) Delete
Name: WOOD, MARCIA
Address: 902 DRAKESWOOD CT.
City-St-Zip: SARASOTA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: WOOD, THOMAS A.
Address: PO BOX 49044
City-St-Zip: SARASOTA, FL 34230

Title: ST (X) Change ( ) Addition
Name: WOOD, THOMAS A.
Address: PO BOX 49044
City-St-Zip: SARASOTA, FL 34230

Title: V (X) Change ( ) Addition
Name: WOOD, MARCIA
Address: PO BOX 49044
City-St-Zip: SARASOTA, FL 34230

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A. WOOD DP 10/19/2009

Electronic Signature of Signing Officer or Director Date