2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000000585

1. Entity Name
T AND D LEASING, LLC

FILED
04 OCT 29 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10252004 REIN-LLC CR2E101 (6/04)

Principal Place of Business	Mailing Address
508 A CAPITAL CIRCLE SE TALLAHASSEE, FL 32312 2344 Centerville Road	508 A CAPITAL CIRCLE SE TALLAHASSEE, FL 32312

2. Principal Place of Business	3. Mailing Address
Suite 104	2344 Centerville Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Tallahassee, Fl 32308	Suite 104
City & State	City & State
	Tallahassee Florida
Zip / Country	Zip / Country
32308 / Leon	32308 / Leon

4. FEI Number 01-0761130 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MANAUSA, DANIEL E 3520 THOMASVILLE RD., 4TH FL TALLAHASSEE, FL 32309	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 _____ 10-26-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
After January 1, 2005, Fee will be $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TURNER, DOUG 508 A CAPITAL CIRCLE SE TALLAHASSEE, FL 32312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Turner Doug 2344 Centerville Road Suite 104 Tallahassee, Fl 32308	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TURNER, TERESA 508 A CAPITAL CIRCLE SE TALLAHASSEE, FL 32312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Turner Teresa 2344 Centerville Road Suite 104 Tallahassee, Fl. 32308	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200042320092 10/29/04--01073--009 **55.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 10-26-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #