
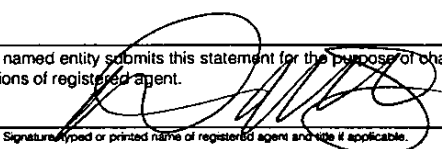
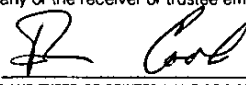
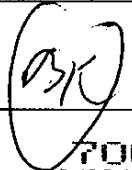


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
05 MAR 24 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000001167 1. Entity Name COOK LEASING, L.C.																													
Principal Place of Business 4206 NATIONAL GUARD DR. PLANT CITY, FL 33567			Mailing Address 4206 NATIONAL GUARD DR. PLANT CITY, FL 33567																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip 33563 Country		City & State Zip 33563 Country		4. FEI Number 58-2325023																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent COOK, BEN D 4206 NATIONAL GUARD DRIVE PLANT CITY, FL 33567			7. Name and Address of New Registered Agent Name Coton, Daniel M. Street Address (P.O. Box Number is Not Acceptable) 121 North Collins Street City Plant City FL Zip Code 33566																										
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  Daniel M. Coton 3/18/05 <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 \$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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">MGR</td> <td style="width:40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>COOK, BEN D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4206 NATIONAL GUARD DR.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PLANT CITY, FL 33567</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	COOK, BEN D		STREET ADDRESS	4206 NATIONAL GUARD DR.		CITY - ST - ZIP	PLANT CITY, FL 33567		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;"></td> <td style="width:40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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:  Ben D. Cook <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				3/21/05 813/719-1203 <small>Date Daytime Phone #</small>																									

REINSTATEMENT 2004-2005



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