

# M00000002686

FOR REINSTATEMENT



**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

## FILED

02 NOV 25 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # M00000002686  
Name and Mailing Address

0007954 01 FP 0.352 \*\*PRSR T4 0 0615 44308-132575  
SANFORD LEASING, LLC  
159 S. MAIN ST., SUITE 725  
AKRON OH 44308-1325



<b>2. New Mailing Address</b> 159 S. Main St, Suite 500 City, State, Zip: Akron, Ohio 44308		<b>4. State/Country of Formation</b> OH	
<b>Principal Place of Business</b> 159 S. MAIN ST., SUITE 725 AKRON OH 44308		<b>3. New Principal Place of Business Address</b> 201 Hickman Dr. City, State, Zip: Sanford, Florida 32771	<b>5. Date Organized or Qualified To Do Business in Florida</b> 12/26/2000
<b>8. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		<b>6. FEI Number</b> 34-1939636	<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>
<b>9. Name and Address of New Registered Agent</b> Name: <u>2002</u> City: <u>FL</u> Zip Code: <u>      </u>			

**10.** I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  
Signature of Registered Agent: Brian Courtney **Asst. V. Pres.** Date: 11-25-02  
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BRENNAN, DAVID L	159 S. MAIN ST., SUITE 25 500	AKRON OH 44308
MGR	WEBER, JOSEPH R	159 S. MAIN ST., SUITE 25 500	AKRON OH 44308
MGR	WEAVER, KEITH B	7300 ACC BLVD.	RALEIGH NC 27613
AS	WALKO, LEE S	<del>7300 ACC BLVD.</del> 75 E. Market St.	<del>RALEIGH NC 27613</del> Akron, Ohio 44308
700009233457 11/27/02--01010--001 **155.00 11/20 WST			

**12.** I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: Joseph R. Weber Date: 10/25/02 Daytime Phone #: 330 996 0225  
Typed or printed name of signing Managing Member/Manager: Manager

CR2E084 (8/02)