
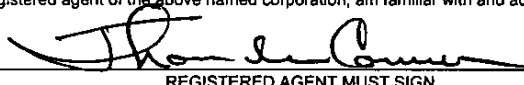
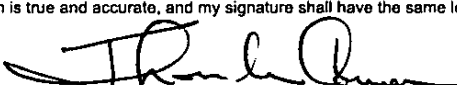


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<p>05 DEC -6 AM 10:40</p> <p>SEC. OF STATE TALLAHASSEE, FLORIDA</p> <p><i>04-05</i></p> <p>CR2E081 (8/05)</p>	
<b>DOCUMENT #</b> N96000000905					
<b>1. Corporation Name</b>  Hendry County School Board Leasing Corporation					
<b>2. Principal Office Address</b> 111 Curry Street  Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> P. O. Box 1980  Suite, Apt. #, etc.		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 1990	
<b>City &amp; State</b> LaBelle, Florida		<b>City &amp; State</b> LaBelle, Florida			
<b>Zip</b> 33935	<b>Country</b> USA	<b>Zip</b> 33975	<b>Country</b> USA		
				<b>5. FEI Number</b> 59-6000641	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee required for a Certificate of Status</b>
<b>7. Name and Address of Current Registered Agent</b>					
Name Thomas W. Conner					
Street Address (P.O. Box Number is Not Acceptable) 111 Curry Street					
Suite, Apt. #, Etc.					
City LaBelle				<b>100061958291</b> 12/05/05--01044--002 ***32	.75
<b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</b>					
Signature of Registered Agent 				Date 12/5/2005	
REGISTERED AGENT MUST SIGN					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>		<b>City / State / Zip</b>	
D	John Perry, Jr.	105 Myrtle Lane		Clewiston, FL 33440	
D	Patrick B. Langford	P. O. Box 122		LaBelle, FL 33975	
D	Eva S. Berg	Route 3, Box 1000-D		LaBelle, FL 33935	
D	Dwayne E. Brown	607 Della Tobias Avenue		Clewiston, FL 33440	
D	Richard A. Murphy	Route 1, Box 46		Clewiston, FL 33440	
S	Thomas W. Conner	111 Curry Street		LaBelle, FL 33935	
<b>10. 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.</b>					
<b>SIGNATURE:</b> 		Thomas W. Conner		12/5/2005 863-674-4100	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	