2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 28, 2008
Secretary of State

DOCUMENT# N96000000905

Entity Name: HENDRY COUNTY SCHOOL BOARD LEASING CORP.

Current Principal Place of Business:

111 CURRY STREET
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

P O BOX 1980
LABELLE, FL 33975 US

New Mailing Address:

FEI Number: 59-6000641 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONNER, THOMAS W
111 CURRY STREET
LABELLE, FL 33935 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 W. CONNER

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	BEATTY, MATTHEW	
Address:	410 EAST OSCEOLA AVENUE	
City-St-Zip:	CLEWISTON, FL 33440	
Title:	D	( ) Delete
Name:	LANGFORD, PATRICK B	
Address:	P.O. BOX 122	
City-St-Zip:	LABELLE, FL 33975	
Title:	D	( ) Delete
Name:	BERG, EVA S	
Address:	ROUTE 3, BOX 1000-D	
City-St-Zip:	LABELLE, FL 33935	
Title:	D	( ) Delete
Name:	BROWN, DWAYNE E	
Address:	607 DELLA TOBIAS AVENUE	
City-St-Zip:	CLEWISTON, FL 33440	
Title:	D	( ) Delete
Name:	MURPHY, RICHARD A	
Address:	ROUTE 1,BOX 46D	
City-St-Zip:	CLEWISTON, FL 33440	
Title:	S	( ) Delete
Name:	CONNER, THOMAS W	
Address:	111 CURRY STREET	
City-St-Zip:	LABELLE, FL 33935	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS W. CONNER S 10/28/2008

Electronic Signature of Signing Officer or Director — Date