


**2006 NOT-FOR-PROFIT CORPORATION
REINSTATEMENT**

Page 1 of 2
FILED

2006 OCT 12 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000000742				
1. Entity Name ORANGE COUNTY SCHOOL BOARD LEASING CORPORATION				
Principal Place of Business 445 WEST AMELIA STREET ORLANDO, FL 32801		Mailing Address 445 WEST AMELIA STREET ORLANDO, FL 32801		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent KRUPPENBACHER, FRANK 445 WEST AMELIA STREET ELC-9 ORLANDO, FL 32801				7. Name and Address of New Registered Agent
				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 <i>Frank Kruppenbacher</i>		Frank Kruppenbacher		10/05/06
<small>Signature, typed or printed name of registered agent and title (applicable)</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	Anne Geiger <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHEA, TIMOTHY	NAME	445 W. Amelia Street	
STREET ADDRESS	445 W. AMELIA STREET	STREET ADDRESS	Orlando, FL. 32801	
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE		
NAME	MARTIN, JIM	NAME		
STREET ADDRESS	445 W. AMELIA STREET	STREET ADDRESS	500080699115	
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP	10/11/06--01004--009 ***70.00	
TITLE	D <input type="checkbox"/> Delete	TITLE		
NAME	JUDGE, ROACH "RICK"	NAME		
STREET ADDRESS	445 W. AMELIA STREET	STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE		
NAME	GORDON, KATHLEEN	NAME		
STREET ADDRESS	445 W AMELIA ST	STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE		
NAME	CADLE, JOIE	NAME		
STREET ADDRESS	445 WEST AMELIA STREET	STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE		
NAME	ARDAMAN, KAREN	NAME		
STREET ADDRESS	445 W. AMELIA STREET	STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: <i>[Signature]</i>		10/05/06		407-317-3200
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>



10052006 REIN-NP CR2E099 (11/05)

4. FEI Number **59-3437224** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City


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 *Frank Kruppenbacher* Frank Kruppenbacher 10/05/06
Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$61.25
After January 1, 2007, Fee will be \$122.50** In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. **Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	Anne Geiger <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEA, TIMOTHY	NAME	445 W. Amelia Street
STREET ADDRESS	445 W. AMELIA STREET	STREET ADDRESS	Orlando, FL. 32801
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	MARTIN, JIM	NAME	
STREET ADDRESS	445 W. AMELIA STREET	STREET ADDRESS	500080699115
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP	10/11/06--01004--009 ***70.00
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	JUDGE, ROACH "RICK"	NAME	
STREET ADDRESS	445 W. AMELIA STREET	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	GORDON, KATHLEEN	NAME	
STREET ADDRESS	445 W AMELIA ST	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	CADLE, JOIE	NAME	
STREET ADDRESS	445 WEST AMELIA STREET	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	ARDAMAN, KAREN	NAME	
STREET ADDRESS	445 W. AMELIA STREET	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP	

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SIGNATURE: *[Signature]* 10/05/06 407-317-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N97000000742					
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		10052009 REIN-IMP CR2E089 (11/05)	
Zip		Country		4. FEI Number 59-3437224 Applied For Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$0.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KRUPPENBACHER, FRANK 445 WEST AMELIA STREET ELC-9 ORLANDO, FL 32801			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 <i>Frank Kruppenbacher</i>			Frank Kruppenbacher 10/05/06		DATE
FILE NOW!! FEE IS \$61.35 After January 1, 2007, Fee will be \$123.60		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SMEA, TIMOTHY	NAME	DAnne Geiger		
STREET ADDRESS	445 W. AMELIA STREET	STREET ADDRESS	445 W. Amelia Street		
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP	Orlando, FL 32801		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTIN, JIM	NAME			
STREET ADDRESS	445 W. AMELIA STREET	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP			
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SIGNATURE: <i>[Signature]</i>			10/05/06		407-317-3200
SIGNATURE SHOULD BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR City/County Phone #					

file in box 11

