## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P01000083538

Entity Name: SUMMER LEASING, INC.

FILED Dec 17, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1284 JACKSON AVE 967 FALLING WATERS ROAD

CHIPLEY, FL 32428 CHIPLEY, FL 32428

**Current Mailing Address: New Mailing Address:** 

1284 JACKSON AVE 967 FALLING WATERS ROAD

CHIPLEY, FL 32428 CHIPLEY, FL 32428

FEI Number: 02-0587684 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

ODOM, KRISTI M ODOM, MARK E

967 FALLING WATERS ROAD 844 5TH STRETT CHIPLEY, FL 32428 US CHIPLEY, FL 32428

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: MARK ODOM 12/17/2008

> Electronic Signature of Registered Agent Date

> > Name:

Address:

City-St-Zip:

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: ( ) Delete Title:

ODOM, MARK E Name:

1200 DUNCAN COMMUNITY RD Address:

City-St-Zip: CHIPLEY, FL 32428

Title: () Delete Name: ODOM, KRISTI M

1200 DUNCAN COMMUNITY RD

Address: CHIPLEY, FL 32428 City-St-Zip:

CHIPLEY, FL 32428 Title: (X) Change ( ) Addition

967 FALLING WATERS ROAD

ODOM, MARK E

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

Name: ODOM, MARK E

Address: 967 FALLING WATERS ROAD

CHIPLEY, FL 32428 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: MARK ODOM 12/17/2008