

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV 19 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000117962

1. Corporation Name Raney Leasing, Inc.

2. Principal Office Address  
4800 95th St N

Suite, Apt. #, etc.

City & State.  
St Petersburg, FL

Zip 33708 Country USA

3. Mailing Office Address  
4800 95th St N

Suite, Apt. #, etc.

City & State  
St Petersburg, FL

Zip 33708 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida 11/4/2002

5. FEI Number 050537471 Applied For ☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name Howard Raney

Street Address (P.O. Box Number is Not Acceptable)  
1093 Damrosch St

Suite, Apt. #, Etc.

City Largo, FL

State FL Zip Code 33771

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.

Signature of Registered Agent Howard Raney  
REGISTERED AGENT MUST SIGN

Date 11/17/03

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Howard Raney	1093 Damrosch St	Largo, FL 33771

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.

SIGNATURE: Howard Raney Howard Raney 11/17/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)