


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000015232		
1. Entity Name J.A.B. DRIVERS LEASING COMPANY, INC.		

FILED

05 APR 19 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

Principal Place of Business 1068 SW PAYNE AVE PT ST LUCIE, FL 34953	Mailing Address 1068 SW PAYNE AVE PT ST LUCIE, FL 34953
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2. Principal Place of Business <i>1068 SW Payne Ave</i>	3. Mailing Address <i>1068 SW Payne Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Port St Lucie FL</i>	City & State <i>Port St Lucie FL</i>
Zip <i>34953</i>	Country <i>ST LUCIE</i>

6. Name and Address of Current Registered Agent CRAMMER, EDWIN L 7491 W OAKLAND PK BLVD STE 301 LAUDERHILL, FL 33319	
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REINSTATEMENT 09-05
03092005 V CREIN PA 1 10R2E098 (6/04)

4. FEI Number <i>90 0059564</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name <i>LINDA BASSETTI ROSS</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>1068 SW PAYNE AVENUE</i>	
City <i>Port St Lucie</i>	FL <i>34953-3472</i>

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 *Linda Bassetti Ross* 4/11/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASSETTI, JOHN 1068 SW PAYNE AVE PT ST LUCIE, FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: *John F. Bassetti* 03/22/05 954 742-8700
Signature and typed or printed name of signing officer or director Date Daytime Phone #