

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000167536

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Entity Name:** LEACH LEASING AND MANAGEMENT, INC.

**Current Principal Place of Business:**

18227 49TH ST. N  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

18227 49TH ST. N  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

**FEI Number:** 20-3743137

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LEACH, NANCY J  
18227 49TH ST. N  
LOXAHATCHEE, FL 33470 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: NANCY J. LEACH

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEACH, NANCY J  
Address: 18227 49TH ST. N  
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby 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 all other like empowered.

SIGNATURE: NANCY J. LEACH

PRES

03/08/2011

Electronic Signature of Signing Officer or Director

Date