2010 FOR PROFIT ANNUAL REPORT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -8 AM 11: 38

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

200167107562
01/25/10--01002--026 **138.75
CR2E041 (11/09)

DOCUMENT # P06000130151

1. Limited Liability Company's Name

Coons Semi Trailer Leasing Inc

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	
4221 Holiday		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**4. State/Country of Formation** Genesee MI
City & State Flint MI.	City & State	**5. Date Organized or Qualified To Do Business in Florida**
Zip 48507	Country Genesse	Zip	Country	**6. FEI Number** 61151 5394	Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: William R Barker PA

Street Address (P.O. Box Number is Not Acceptable): 801 North Magnolia Ave,

Suite, Apt. #, Etc.: 416

City: Orlando   State: FL   Zip Code: 32803

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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02/09/10--01068--009 **20.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____   Date _____
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
DPS	William E Coons	4221 Holiday	Flint Mi, 48507
			M. MILLIGAN EXAMINER
			FEB -9 2010

11. E-mail Address: W Coons @ ATT.net
(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager _William E Coons_ Date _1-20-10_ Daytime Phone # _810 767 4311_

Typed or printed name of signing Managing Member/Manager _____

P 810 767 4311   CF#6568