

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 APR 27 PM 3:23

DOCUMENT # P07000072860 1. Entity Name ALTERNATIVE LEASING, INC.					
Principal Place of Business 1340 TUSKLAWILLA ROAD WINTER SPRINGS, FL 32708			Mailing Address 1340 TUSKLAWILLA ROAD WINTER SPRINGS, FL 32708		
2. Principal Place of Business - No P.O. Box # 1421 Whitehall Blvd		3. Mailing Address 1421 Whitehall Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Winter Springs FL		City & State Winter Springs FL		4. FEI Number 59-3124789	
Zip 32708		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLAVIN, GRACE A ESQ. TUSKANILLA 1340 TUSKLAWILLA ROAD WINTER SPRINGS, FL 32708				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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		4/9/09		4/22/2009	
(NOTE: Registered Agent signature required when reinstating)					
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 CUEBAS, DANIEL P 1340 TUSKLAWILLA ROAD WINTER SPRINGS, FL 32708		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT / DIRECTOR DANIEL P. CUEBAS 1421 Whitehall Blvd Winter Springs FL 32708	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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REINSTATEMENT 08-09ks					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 of 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:			4/9/2009 321-377-0515		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

KS