

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 JUN 12 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000084875

1. Entity Name
COMMUNITY LEASING, INC.



Principal Place of Business
9350 S DIXIE HIGHWAY PH IV
MIAMI, FL 33156

Mailing Address
9350 S DIXIE HIGHWAY PH IV
MIAMI, FL 33156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05182006 REIN-P CR2E098 (11/05)

4. FEI Number
65-0463603

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIPE, DANIEL
28801 SW 157TH AVE
HOMESTEAD, FL 33033

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

700076403147

06/21/06-01004-009 **150.00

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
CD
EPLING, R L
28801 SW 157 AVE
HOMESTEAD, FL 33033 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
JOHNSON, ERIC
28801 SW 157 AVE
HOMESTEAD, FL 33033 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
SD
SCHANTZ, RAY
28801 SW 157 AVE
HOMESTEAD, FL 33033 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
TD
SCHANTZ, RAY
28801 SW 157 AVE
HOMESTEAD, FL 33033 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
700076403147
06/21/06-01004-009 **150.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
B 6/24/06
REINSTATEMENT 05-06

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-19-06

305-245-270

Date

Daytime Phone #