

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 18 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name **Rentor Leasit II, Inc.**

REINSTATEMENT

98-03

1003
1/5/04

200026017042
01/05/04--01013--025 **900.00

2. Principal Office Address 8019 Legend Creek Dr.		3. Mailing Office Address P.O. Box 3009	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Destin, AR		City & State Fort Smith, AR 72913	
Zip 32550	Country Okaloosa	Zip 72913	Country Sebastian

4. Date Incorporated or Qualified To Do Business in Florida 3-17-94	
5. FEI Number 59-3234023	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Clyde B. Randall	
Street Address (P.O. Box Number is Not Acceptable) 8019 Legend Creek Dr.	
Suite, Apt. #, Etc.	
City Destin	State FL
	Zip Code 32550

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent **Clyde B. Randall** Date **12-18-03**
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,D	Clyde B. Randall	8019 Legend Creek Drive	Destin, FL 32550

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: **Clyde B. Randall** Date **12/18/03** 479 452-1311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (10/02)

12-18-03

Rentor Leasit II, Inc.
Clyde B. Randall
8019 Legend Creek Dr.
Destin, FL 32550

To: Florida Department of State

Att: Karen Gibson

I have not received any statements from the state of Florida for any corporation fees due from Rentor Leasit II, Inc., from 1998 to present.

Thank you for your assistance.

Clyde B. Randall

Clyde B. Randall

Rentor Leasit II, Inc.
President

BACKDATE

To 12/18

w/ merged

Karen,

*Thank you for
your help. Here is
my toll-free # if
needed.*

Regards,

Kaye Moore

800-221-3738