PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 12 AM 8:00

REINSTATEMENT 02-04
MRS

DOCUMENT # P99000069996

1. Corporation Name: Leasing Consultants, Inc.

2. Principal Office Address	3. Mailing Office Address
4700 Riverview Blvd.	4700 Riverview Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton, FL	City & State: Bradenton, FL
Zip: 34209 Country: U.S.	Zip: 34209 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 8/6/99

5. FEI Number: 65-0940003 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: William G. Lambrecht

Street Address (P.O. Box Number is Not Acceptable): 200 South Orange Avenue

Suite, Apt. #, Etc.

City: Sarasota State: FL Zip Code: 34235

500032464075
04/12/04--01051--008 **450.00

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: William G. Lambrecht Date: April 8, 2004

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	George Bushong	4700 Riverview Blvd.	Bradenton, FL 34209
VPS	Sarah Peel	4700 Riverview Blvd.	Bradenton, FL 34209

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 are 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: George Bushong Date: 4-9-04 Daytime Phone #: 941-545-3325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR