



2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000076631 1. Entity Name RENT TO OWN OF LAKELAND, INC.					
Principal Place of Business 1004 W MAIN STREET LAKELAND, FL 33815			Mailing Address 1004 W MAIN STREET LAKELAND, FL 33815		
2. Principal Place of Business 3616 HARDEN BLVD #316 LAKELAND, FL 33803 USA		3. Mailing Address 3616 Harden Blvd. #316 LAKELAND, FL 33803 USA			
City & State LAKELAND, FL		City & State LAKELAND, FL		4. FEI Number 59-3576614	
Zip 33803		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LYNCH, ROBERT C 1004 W MAIN STREET LAKELAND, FL 33815			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3616 HARDEN BLVD #316 City LAKELAND FL Zip Code 33803		
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 <u><i>RC Lynch - Pres</i></u> DATE <u>9/20/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LYNCH, ROBERT C 1004 W MAIN ST LAKELAND, FL 33815	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3616 HARDEN BLVD. LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERNHARD, AMITY 3011 TARABROOK DR TAMPA, FL 33618	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100080222291 09/27/06-01048-022 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WHITACRE, WHITNEY W 3135 16TH ST N ST PETERSBURG, FL	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>RC Lynch - Pres</i></u> DATE <u>9/20/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

06 SEP 22 11:38

REINSTATEMENT 06 SEP 2006 11:05

B. Mitchell SEP 2006