

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC -5 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V48451**

1. Corporation Name

C AND O Leasing, Inc.

900009372109
12/05/02--01047--001 **1058.75
REINSTATEMENT 0-02

2. Principal Office Address
2101 Glenmore Dr.

3. Mailing Office Address
2101 Glenmore Dr.

City & State
Nest Palm Beach, FL

City & State
Nest Palm Beach, FL

Zip Country
33409 USA

Zip Country
33409 USA

4. Date Incorporated or Qualified To Do Business in Florida
7/2/1992

5. FEI Number
65-0486174

6. CERTIFICATE OF STATUS DESIRED \$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
James H. Owens, Jr.

Street Address (P.O. Box Number is Not Acceptable)
2101 Glenmore Dr.

Suite, Apt. #, Etc.

City
West Palm Beach

State Zip Code
FL 33409

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
James H. Owens, Jr.

REGISTERED AGENT MUST SIGN

Date
11/30/02

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
PT	James H. Owens, Jr	2101 Glenmore Dr.	West Palm Beach, FL 33409
V.P.	John M. Cabrera	15458 SW. 168 TERR	Miami, FL 33187
VP	Gardner Rogers	3474 S. Ocean Blvd	Palm Beach, FL

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: *James H. Owens, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
11/21/02

City

Daytime Phone #

71215