

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAY 19 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT 05-18

DOCUMENT # 410306

1. Corporation Name

LEIRA'S SERVICE STATION, Inc.

W108000022941

2. Principal Office Address - No P.O. Box #

2101 S.W. 67 AVE

Suite, Apt. #, etc.

City & State

W. Miami, FL

Zip

33155

Country

U.S.A.

3. Mailing Office Address

2101 S.W. 67 AV.

Suite, Apt. #, etc.

City & State

W. Miami, FL

Zip

33155

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

10-1972

5. FEI Number

591426797

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAVID J. LEIRA

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

805 N.E. 95 ST

Suite, Apt. #, Etc.

W. MIAMI SHORES

City

FL

State

Zip Code

33155

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

David J. Leira

REGISTERED AGENT MUST SIGN

Date 4/28/2008

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 |
|----------------|--------------------------------------|---|---------------------------|
| Pres/ owner | DAVID J. LEIRA | 805 N.E. 95 TH STREET | W. MIAMI SHORES, FL 33138 |
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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 contained in Chapter 119, 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:

David J. Leira

DAVID J. LEIRA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2008

Date

305.261-0173

Daytime Phone #