PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV -1 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600002000186--7
-11/08/96--01031--028
****583.75 ****583.75

DOCUMENT #683359

1. Corporation Name

GENUINE LEATHERS INC

Principal Place of Business	Mailing Address
10206 Vista Pointe Dr. Tampa, FL 33635 U.S.A	10206 Vista Pointe Dr. Tampa, FL 33635 U.S.A

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 95-96 AR

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
10206 Vista Pointe Suite, Apt. #, etc. Dr.	Suite, Apt. #, etc. 10206 Vista Pointe Dr
City & State Tampa FL	City & State Tampa FL
Zip 33635 Country U.S.A	Zip 33635 Country U.S.A

4. Date Incorporated or Qualified To Do Business in Florida: September 3, 1.980

5. FEI Number: 59-2055861 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Bernardo González Aristizabal	10206 Vista Pointe Dr.	Tampa FL 33635
VP	Bernardo González Forero	10206 Vista Pointe Dr	Tampa, FL 33635
TS	Bernardo González Forero	10206 Vista Pointe Dr	Tampa, FL.33635

8. Name and Address of Current Registered Agent

Bernardo González Forero
10206 Vista Pointe Dr.
Tampa FL 33635

9. Name and Address of New Registered Agent

Name: Bernardo González Forero
Street Address (P.O. Box Number is Not Acceptable): 10206 Vista Pointe Dr
Suite, Apt. #, Etc.:
City: Tampa State: FL Zip Code: 33635

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: _____ Date: October 21/ 1.996
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: _____ October 21/1.996 (813)891-1892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (12/95)