PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 JUN -2 AM 10: 10
TALLAHASSEE, FLORIDA

DOCUMENT # F98000007017

1. Corporation Name

JERRY LEIGH OF CALIFORNIA, INC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
7860 NELSON RD		7860 NELSON RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
VAN NUYS, CA		VAN NUYS, CA	
Zip	Country	Zip	Country
91402	USA	91402	USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
November 15, 1977

5. FEI Number
95-3179026

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
SAMIRA JAMMAL

Street Address (P.O. Box Number is Not Acceptable)
2242 TAFT VINELAND RD

Suite, Apt. #, Etc.

City	State	Zip Code
ORLANDO	FL	32837

200273571592
06/02/15--01026--021 **2850.00

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 _____ Date 6/1/15

REGISTERED AGENT MUST SIGN

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
P/S/D	ANDREW LEIGH	15961 ROYAL OAKS RD	ENCINO, CA 91436
CFO/D	JERRY LEIGH	16529 ACADEMIA RD	VAN NUYS, CA 91402
D	BARBARA LEIGH	15961 ROYAL OAKS RD	ENCINO, CA 91436
	REINSTATEMENT		S. HAWKES
	2001 - 2015		JUN 2 - A.M.
			EXAMINER

10. **E-mail Address:** fmroth@srdscpas.com and balberts@jerryleigh.com
(To be used for future annual report notification)

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 6.1.15

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #