

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

FILED  
96 DEC 17 PM 12:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J 91218  
1 Corporation Name  
LEYBROS INVESTMENTS CORP.

Principal Place of Business Mailing Address  
6812 N.W. 77th COURT  
MIAMI, FL. 33166

REINSTATEMENT 1996  
mwb

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

2. New Principal Office Address, if Applicable		3. New Mailing Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 09/02/1987	
Suite, Apt #, etc.		Suite, Apt #, etc.		5. FEI Number 65-0016393	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75- Additional Fee required for a Certificate of Status.	

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
DP	LEYVA GIRALDO	3200 S.W. 128th AVE.	MIAMI, FL. 33175
DV	LEYVA AURELIO AGUSTIN	3200 S.W. 128th AVE.	MIAMI, FL. 33175
DS	LEYVA GIRALDO JR.	3200 S.W. 128th AVE.	MIAMI, FL. 33175

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-12/18/96--01026--001  
\*\*\*\*383.75 \*\*\*\*383.75

8. Name and Address of Current Registered Agent BESU ROGER 815 N.W. 57TH AVE., STE 484 MIAMI, FL. 33126		9. Name and Address of New Registered Agent Name LEYVA GIRALDO Street Address (P.O. Box Number is Not Acceptable) 3200 S.W. 128th AVENUE Suite, Apt. #, Etc. City MIAMI State FL Zip Code 33175	
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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 12-16-96  
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 of the corporation 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: 12-16-96 305-477-3322  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2804 (12/95)