

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 SEP 28 PM 3:38

DOCUMENT # **L06000059965**

1. Limited Liability Company's Name
LEASURE'S ENTERPRISES LLC

2. Principal Office Address - No P.O. Box # 450 FAMU WAY		3. Mailing Office Address 450 FAMU WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TALLAHASSEE FL		City & State TALLAHASSEE FL	
Zip 32310	Country USA	Zip 32310	Country USA

CR2E041 (1/14)

4. State/Country of Formation LEON	
5. Date Organized or Qualified To Do Business in Florida 06/13/2006	
6. FEI Number 20-5027896	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name SAXON ACCOUNTING & CONSULTING INC		
Street Address (P.O. Box Number is Not Acceptable) Suite, 2344 HANSEN LANE UNIT 1		
Apt. #, Etc.		
City TALLAHASSEE	State FL	Zip Code 32301

100277513781
09/29/15--01001--007 **377.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent *Terry Leasure CPA* Date 9/28/15
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGMB	TERRY LEASURE	450 FAMU WAY	TALLAHASSEE FL 32310

11. E-mail Address _____
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company 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. 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 of authorized representative/member *Terry Leasure* Date 9/28/15 Daytime Phone # 850-656-0516

Typed or printed name of signing authorized representative/member