

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

17 FEB -8 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 04000058119

1. Corporation Name

FLEITES DE LEON FLEITES INC

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

2525 NW 18TH

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33125

Country

USA

3. Mailing Office Address

825 MESSINA AVE

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33134

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

3/31/2004

5. FEI Number

20-1452669

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

MARIA DE LEON FLEITES

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

825 MESSINA AVE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

400295311064
02/08/17--01014--015 **1800.00

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

Maria de Leon Fleites

Date 2.6.17

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVS	MARIA DE LEON - FLEITES	825 messina ave	Coral Gables, FL 33134

10. E-mail Address: maria @ FLEITES.ORG

(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:

Maria de Leon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2.6.17 305.606.0093

Daytime Phone #

305.606.0093

PC 2/9/17