

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 19 AM 9:51

DOCUMENT # P98000019836

1. Corporation Name

THE RING LEADERS, INC.

Principal Place of Business

36 N.W. 1ST STREET #901
MIAMI FL 33132

Mailing Address

36 N.W. 1ST STREET #901
MIAMI FL 33132

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/1998

5. FEI Number

65-0815573

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	WITHER, EDUARDO	36 N.W. 1ST STREET #901	MIAMI FL 33132
STD	WITHER, DELIA	36 N.W. 1ST STREET #901	MIAMI FL 33132
			500004661285--4 -10/31/01--01060--014 ****175.00 ****175.00 10/16/01

8. Name and Address of Current Registered Agent

WITHER, EDUARDO
36 N.W. 1ST STREET #901
MIAMI FL 33132

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/16/01

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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 887-2691
10/16/01

Daytime Phone #

CR2E040 (8/01)

FROM :

FAX NO. :

Oct. 16 2001 01:34PM P2

Dated: October 16, 2001

To: Department of State

Division of Corporations

From: The Ring Leaders, Inc.

EIN# 65-0815573

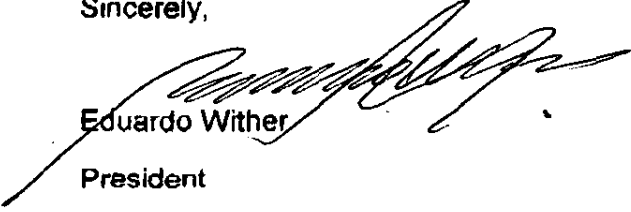
Document # P98000019836

To Whom It May Concern:

Please be advised that we had not received the Uniform Business Report for 2001 due to the fact that the address that you have is incorrect. Make a note that our actual address is: 36 N.E. 1st Street #901
Miami, FL 33132

The address that appears on the report that we have just recently received says N.W. instead of N.E. If you would reinstate our Corporation and accept our report with the \$175.00 check attached due to the fact that we did not received this form on time would be greatly appreciated. Thank you in advance for your understanding.

Sincerely,



Eduardo Wither

President