

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 AUG 11 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 410306

1. Corporation Name

LEIRA'S SERVICE STATION, INC.

*LR*

2. Principal Office Address

2101 SW 67th AVENUE

Suite, Apt. #, etc.

n/a

City & State

MIAMI

FLORIDA

Zip

33155

Country

USA

3. Mailing Office Address

2101 SW 67th AVENUE

Suite, Apt. #, etc.

n/a

City & State

MIAMI

FLORIDA

Zip

33155

Country

USA

**REINSTATEMENT** 00-03

600022206676

08/11/03--01021--016 \*\*1200.00

4. Date Incorporated or Qualified  
To Do Business in Florida

10/09/1972

5. FEI Number

59-1426797

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

David J. LEIRA

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

2101 SW 67th Avenue

Suite, Apt. #, Etc.

N/A

City

MIAMI

State  
**FL**

Zip Code  
33155

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

*David J. Leira*  
REGISTERED AGENT MUST SIGN

Date July 28, 2003

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
DPS	LEIRA, David J.	2101 SW 67th Avenue	Miami, FL 33155

10. 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:

*David J. Leira*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/09/1972 (305) 261-0173

Date

Daytime Phone #

CR2E081 (10/02)