

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 NOV -6 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 391433

1. Corporation Name

LEON LAND COMPANY

REINSTATEMENT

CR2E081 (11/10)

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

30 South Spring Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Drawer 1271

Suite, Apt. #, etc.

City & State

Pensacola, Florida

Zip

Country

32502

USA

City & State

Pensacola, Florida

Zip

Country

32591-1271

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/1971

5. FEI Number

59-0723221

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Patrick G. Emmanuel

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

30 South Spring Street

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32502

000253611970
11/06/13--01030--015 **758.75

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

PG *B. Emmanuel*

Date ~~XXXX~~ 11/04/2013

REGISTERED AGENT MUST SIGN

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
PD	Patrick G. Emmanuel	30 South Spring Street	Pensacola, FL 32502
STD	Olivia B. Emmanuel	2020 E. Mallory Street	Pensacola, FL 32503

10. E-mail Address: pge@esclaw.com

(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:

PG *B. Emmanuel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

~~XXXX~~ 11/04/2013 (850) 433-6581

Date

Daytime Phone #

11/04/2013

NOV 06 2013