

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 MAR 19 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **724245**

1. Corporation Name

Leslie Estates Homeowners Assoc No. 1, Inc

2. Principal Office Address

**19468 NW 28 PLACE**

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 170721

Suite, Apt. #, etc.

City & State

Miami, Fl

City & State

Hialeah, Fl

Zip

33056

Country

USA

Zip

33017

Country

USA

**REINSTATEMENT**

**00-01**

4. Date Incorporated or Qualified  
To Do Business in Florida

8-31-1972

5. FEI Number

23-7302923

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

**ZOLENA BRATTON**

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

**19468 NW 28 PLACE**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33056**

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

**Zolena Bratton**

Date

**2-17-01**

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	Zolena Bratton	19468 NW 28th Pl	Miami, Fl 33056
SD	Lillian Strafford	16900 NW 14th Avenue	Miami, Fl 33169
TD	Alice Bethel	2891 NW 194th Street	Miami, Fl 33056
BM	JAMES MARTIN	3021 NW 194th STREET	MIAMI, FL 33056
BM	BRENDA WILSON	3061 NW 195th STREET	MIAMI, FL 33056

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)(l), 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:

**Zolena Bratton**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ZOLENA BRATTON**

Date

**2-17-01**

Daytime Phone #

**(305) 634-6721**

EXT. 101

CR2E081 (9/99)