APPLICATION FOR REINSTATEMENT

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F13377

LERON CORPORATION

Mailing Address	
1336 ESTATEWOOD DR	P. O. BOX 128
BRANDON FL 33510	MANGO FL 33550-0128
US	US

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

REINSTATEMENT To Do Business in Florida 12/31/1999

2 New Principal Office Address, If Applicable
2223 VALRICO FOREST DR
VALRICO FL
Country: 33594 | Zip: HILLSBOROUGH

3. New Mailing Office Address, If Applicable
PO BOX 1356
Suite, Apt #, etc
City & State: VALRICO FL
Country: 33595 | Zip: HILLSBOROUGH

5. FEI Number: 59-2093339 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — $8.75 Additional Fee required for a Certificate of Status

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

	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	RUSSELL, RON	1313 IVYWOOD DR.	BRANDON FL
STD	RUSSELL, CHARLA H	1313 IVYWOOD DR.	BRANDON FL
			700002040557--0
			-12/30/96--01011--022
			****383.75 ****383.75
			DB12-23-96

8. Name and Address of Current Registered Agent

RUSSELL, RONNY
1313 IVYWOOD DR.
BRANDON FL 33510

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: Ronny Russell PRESIDENT — Date: 12/18/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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 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: R J Russell PRESIDENT — 12/18/96 — 813-681-8552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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