

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV -8 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F36797**

1. Corporation Name

LEONARD E. NAUGLE INC.

2. Principal Office Address

2710 ADAMS ST.W.

Suite, Apt. #, etc.

City & State

INVERNESS, FL

Zip Country

34453

3. Mailing Office Address

5001 S.W. 82ND AVE

Suite, Apt. #, etc.

City & State

DAVIE FL

Zip Country

33328

REINSTATEMENT

7/22 PM 90003/006 F150.00

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 6, 1981

5. FEI Number

#59-2395412

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN D. NAUGLE

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

5001 S.W. 82ND AVE

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33328

000004702230-6

-12/03/01--01047--029

*****1058.75 ***1058.75**

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

John D. Naugle

Date **11-6-01**

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
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P.S.D.	ROBERT C. NAUGLE SR.	5001 S.W. 82ND AVE	DAVIE, FL 33328

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard C. Naugle SR **954 434 7300**

11-6-01

CR2E081 (9/00)