

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **MOVED AND FILED**

98 AR
 APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

98 NOV 18 PM 2:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F94000005110**

1. Corporation Name
LERESCO, INC.

Principal Place of Business	Mailing Address
15251 NE 18TH AVE. SE 1 NO MIAMI BEACH FL 33162 US	15251 NE 18TH AVE. STE 1 NO MIAMI BEACH FL 33162 US

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



2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 10/03/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0511019	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	LANSKY, HARRIS L	1 ABBEY LN.	DELRAY BEACH FL 33484
D	SCOTT, DAVID Michael Price	321 AUBURNDALE AVE 2740C Holly Hall St.	NEWTON MA Houston, TX 77054
T	MANCHEE, PHILIP	BR4	PT. PERRY, ONTARIO CANADA
			900002694899--3 -11/24/98--01020--004 ****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LANSKY, HARRIS L 1 ABBEY LN. DELRAY BEACH FL 33484		Name Street Address (P.O. Box Number is Not Acceptable) 15251 NE 18TH AVE. Suite, Apt. #, Etc. 1 City NORTH MIAMI BEACH State FL Zip Code 33162	

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: *[Signature]* **REQUIRED** Date: _____
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 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)(f), 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]* **REQUIRED** Date: _____ Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2640 (8/98)



November 13, 1998

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern::

Enclosed please find check no. 3102 in the amount of \$150.00 for the corporation application – 1998.

We apologize for this delay, however, our CFO at the time this application was supposed to be submitted was going through some personal and emotional problems and as a result he neglected to process this form. We were not aware of this until we received the notice of administrative dissolution or revocation. He has subsequently been replaced with a new CFO whose information can be found in the enclosed application.

You will note that we have met all requirements since 1995 except for this period. We would greatly appreciate your understanding of this matter by waiving the reinstatement penalties.

Please call me at 305-940-9111 if you have any questions.

Sincerely,

Carmen Rios
Director of Operations