

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 21 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F99000003963

1. Corporation Name

LAKELAND LEADERSHIP LEAGUE, INC.

2. Principal Office Address

1840 WOODMORE DRIVE

Suite, Apt. #, etc.

SUITE 100

City & State

MONUMENT, CO.

Zip

80132

Country

USA

3. Mailing Office Address

6120 EARLE BROWN DRIVE

Suite, Apt. #, etc.

SUITE 450

City & State

BROOKLYN CENTER, MN

Zip

55430

Country

USA

**REINSTATEMENT**

03

4. Date Incorporated or Qualified To Do Business in Florida

7/29/1999

5. FEI Number

36-3304708

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

LINDA RIOS BROOK

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

8918 S.E. WATEROAK PLACE

Suite, Apt. #, Etc.

City

TEQUESTA

200024924012  
11/21/03--01036--006 \*\*236.95

200024924012  
11/21/03--01036--007 \*\*8.75

State  
FL

Zip Code  
80132

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date 11/17/03

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    |
|--------|-----------------------------------|--|-----------------------|
| PRES   | LINDA RIOS BROOK                  | 8918 SE WATEROAK PL                            | TEQUESTA, FL 33469    |
| EX DIR | LARRY BROOK                       | 8918 SE WATEROAK PL                            | TEQUESTA, FL 33469    |
| DIR    | GERALD PELTIER                    | 21940 FINLEY COURT NO                          | FOREST LAKE, MN 55025 |
|        |                                   |  |                       |
|        |                                   |  |                       |
|        |                                   |  |                       |

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:

*[Handwritten Signature]*  
Linda Rios Brook, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY BROOK, Exec Director

Date

Daytime Phone #

CR2E081 (10/02)