

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 AM 9:06

DOCUMENT # **G06183**

1. Corporation Name

LEONACHI INCORPORATED

Principal Place of Business

5943 BISCAYNE BLVD.
STE. B
MIAMI FL 33137
US

Mailing Address

5943 BISCAYNE BLVD
MIAMI FL 33137
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

Suite, Apt. #, etc.

5963 Biscayne Blvd.
MIAMI FL

Suite, Apt. #, etc.

City & State

Zip

33137

Country

USA

Zip

Country

REINSTATEMENT

01

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/1982

5. FEI Number

59-2232368

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	4 City / State / Zip
PD	UJUETA, JORGE	317 N.E. 24TH STREET	MIAMI FL
TD	UJUETA, FRANCISCO	317 N.E. 24TH STREET	MIAMI FL

800004653818-9

10/25/01-01075-018

****750.00 ****750.00

10/23

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

UJUETA, FRANCISCO
5943 BISCAYNE BLVD.
MIAMI FL 33137

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 305 751-7088

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/01 305 751-7088

CR2040 (8/01)