

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G66680**

1. Corporation Name

LEON ELECTRIC FLORIDA, INC.

Principal Place of Business

Mailing Address

10916 WILES ROAD
CORAL SPRINGS FL 33076
US

10916 WILES ROAD
CORAL SPRINGS FL 33076
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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/1983

5. FEI Number

59-2345035

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ERDMAN, LEON	2465 N W 87TH DR	CORAL SPRINGS FL 33065
STD	ERDMAN, FRANCES	2465 N W 87TH DR	CORAL SPRINGS FL 33065
V	ERDMAN, LAWRENCE	6120 WILES ROAD, #105	CORAL SPRINGS FL 33067

600023749696
10/13/03--01066--002 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ERDMAN, FRANCES
2465 NW 87TH DR.
CORAL SPRINGS FL 33065

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. or 617.0505, F.S.

Signature of
Registered Agent

Frances Erdman

REGISTERED AGENT MUST SIGN

Date October 9, 2003

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:

Lawrence Erdman

Lawrence Erdman, V.P. 10/9/03 954-752-1277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED40 (7/03)



Broward #83-CME-911-X
Dade #96E000332
Palm Beach #U-12926
State #ER-0008864

10916 WILES ROAD • CORAL SPRINGS, FLORIDA 33076-2005 • TELEPHONE: (954) 752-1277 • FAX: (954) 752-1377

October 9, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sirs,

This is to support our Application for Reinstatement, and more specifically to request the waiver of the late fee as we did not receive the "prior UBR notices". We also sincerely apologize for any inconvenience at your end for our having failed to file this year's UBR in a timely manner. We assure you that measures have been taken to ensure that this will not happen again in the future.

We trust that you will reinstate our corporation and waive the late fee. If you have any questions or comments, please do not hesitate to contact the undersigned.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Lawrence Erdman", is written over a horizontal line.

Lawrence Erdman, V.P.