

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # H99674

1. Corporation Name

LEASORTE ENTERPRISES, INC.

Principal Place of Business

20953 DELAGADO TERRACE
BOCA RATON FL 33433

Mailing Address

20953 DELAGADO TERRACE
BOCA RATON FL 33433

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

2. New Principal Office Address, If Applicable

9868 Sandelfoot Blvd.

Suite, Apt. #, etc.

Apartment 113

City & State

Boca Raton Florida

Zip

33428

Country

U.S.A.

3. New Mailing Office Address, If Applicable

9868 Sandelfoot Blvd.

Suite, Apt. #, etc.

Apartment 113

City & State

Boca Raton Florida

Zip

33428

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

02/17/1986

5. FEI Number

59-2787371

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	BERTOLINA, DIANE G.	20953 DELAGADO TERRACE	BOCA RATON FL
VD	BERTOLINA, VICTOR J.	20953 DELAGADO TERRACE	BOCA RATON FL

400004743254--3

-12/28/01--01082--010

****900.00 ****900.00

8. Name and Address of Current Registered Agent

BERTOLINA, DIANE G.
20953 DELAGADO TERRACE
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name

Victor Bertolina

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

9868 Sandelfoot Blvd.

Suite, Apt. #, Etc.

Apartment 113

City

Boca Raton

State

FL

Zip Code

33428

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] SIGNATURE REQUIRED

Date 11/16/01

REGISTERED AGENT MUST SIGN

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/01
Date

561-866-4999
Daytime Phone #

CR2E040 (8/00)