

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

1997 MAR 12 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J15055

1. Corporation Name

LEISURE CAPITAL & MANAGEMENT, INC.

Principal Place of Business

Mailing Address

6001 Lexington Park 6001 Lexington Park  
164 Palmer Avenue 164 Palmer Avenue  
Winter Park, FL 32789 Winter Park, FL 32789

Orlando, Fla 32819 Orlando, Fla 32819

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

5/08/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2700776

Applied For

Not Applicable

City & State

City & State

Orlando, Fla

Orlando Fla

Zip

Country

Zip

Country

32819

U.S.A

32819

U.S.A

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Bartlett, Michael L.	164 Palmer Avenue	Winter Park, FL 32789
		6001 Lexington	Orlando, FL 32819
		Park	
			400002113424--8
			03/14/97 01030-004
			***1245.009***1245.00
			31391
			REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Michael L. Bartlett  
164 Palmer Avenue  
Winter Park, FL 32789

Name

Michael L Bartlett

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

6001 Lexington Park

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32819

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

Michael L Bartlett  
REGISTERED AGENT MUST SIGN

Date

Feb 26, 1997

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael L. Bartlett

Date

Feb 26, 1997

Daytime Phone #

407 876-3134

CR2004G (12/96)