

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR 93-97  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sanford A. Matheson  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J37593 W97-8433

1. Corporation Name

LEONI DEVELOPMENT INC.

Principal Place of Business

Mailing Address

225 NE 34 STR. #101  
MIAMI, FL. 33137

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. N/A

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date incorporated or Qualified To Do Business in Florida

10/85

5. FEI Number

592 77 6608

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	VICTOR LEONI	225 NE 34 STR. #101 MIAMI, FL. 33137	MIAMI FL 33137
SECR.	VICTOR LEONI	225 NE 34 STR #101	MIAMI FL. 33137
			300002199373--5 -06/03/97--01033--023 ***1410.00 ***1410.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name VICTOR LEONI

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

225 NE 34 STR. #101

Suite, Apt. #, Etc.

#101

City

MIAMI

State FL

Zip Code

33137

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

REGISTERED AGENT MUST SIGN

Date

4/24/97

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

3/25/97

Date

Daytime Phone #

(305) 573-6060

CR2E040 (12/96)