

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 21 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J46696**

1. Corporation Name

LEAK'S LOCKER, INC.

Principal Place of Business

Mailing Address

400 49TH ST S
ST PETERSBURG FL 33707
US

400 49TH ST S
ST PETERSBURG FL 33707
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

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/1986

5. FEI Number

59-2765946

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
D	LEAK, DONALD M.	400 49TH ST S	ST PETERSBURG FL
D	LEAK, JOAN E.	400 49TH ST SO	ST PETERSBURG FL

100023969181
10/21/03--01050--015 **150.00

8. Name and Address of Current Registered Agent

LEAK, DONALD M.
400 49TH ST S
ST PETERSBURG FL 33707

9. Name and Address of New Registered Agent

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

Donald M. Leak
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/15/03

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:

Joan E. Leak
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727)
328-
10/15/03 8309

CR2E040 (7/03)

10/14/03 3:00 PM

**MID PENINSULA SEAFOOD
MARKET & RESTAURANT**

400 49th Street South
St. Petersburg, FL 33707



October 14, 2003

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

Dear Sir/Madam:

I am enclosing an Application for Reinstatement for our corporation, Leak's Locker, Inc. I never received the original Annual Report form for this year. Each year since our corporations inception, I have been timely with my fees and annual reports. I don't know what happened this year! But I did not receive the original forms.

Please forgive the reinstatement fee, and accept my payment for the Annual Report, as enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Joan E Leak".

Joan E Leak
Director
Leak's Locker, Inc.