

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 SEP 25 PM 4: 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600008082166--7

-09/27/02--01065--027

\*\*\*1358.75 \*\*\*1358.75

DOCUMENT # K15558

1. Corporation Name

LEADERMAR, INC.

2. Principal Office Address

6054 ARLINGTON EXP.

Suite, Apt. #, etc.

#1

City & State

JACKSONVILLE, FL.

Zip

32201

Country

USA

3. Mailing Office Address

2280 SHEPARD ST.

Suite, Apt. #, etc.

#304

City & State

JACKSONVILLE, FL.

Zip

32211

Country

USA

REINSTATEMENT 98-02

4. Date Incorporated or Qualified  
To Do Business in Florida

February 19, 1988

5. FEI Number

59-2867467

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jerold H. Tabbott

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

2280 SHEPARD STREET

Suite, Apt. #, Etc.

#304

City

JACKSONVILLE

State

FL

Zip Code

32211

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9/23/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Jerold H. Tabbott	2280 Shepard Street	Jacksonville, FL 32211

10. 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

JEROLD H. TABBOTT

Date

9/23/02 904-891-1445

Daytime Phone #