

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra L. Werhman  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 JUL 20 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K38971

1. Corporation Name

LEONI CONSTRUCTION COMPANY

Principal Place of Business

Mailing Address

225 N.E. 34th STREET  
SUITE #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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/14/88

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

57-2919542

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	LEONI, DOUGLAS	225 N.E. 34th ST	MIAMI, FL 33137
D	LEONI, JONATHAN	"	"
D	LEONI, CHARLES	"	"
			600002594756--9
			-07/22/98--01005--007
			*****515.00 *****515.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHARLES LEONI  
225 N.E. 34th ST.  
MIAMI, FL 33137  
SUITE #101

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.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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 FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

7/16/98

Date

850-580-3131  
850-980-3500

Daytime Phone #

CR2E040 (1/98)

Leoni  
Construction  
Company

225 N.E. 34th Street  
Miami, FL 33137

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2

Thursday, July 16, 1998

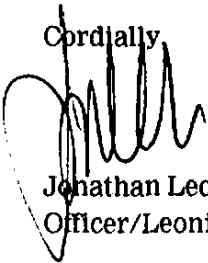
Florida Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

To whom it may concern,

Please accept this letter as written explanation as to why our Corporate fee's were inadvertently neglected. Over the past 3 years our company has moved several times as well as our post office box being eliminated. As a result many important documents have failed to reach our new office in Miami, FL., including your renewal forms. Please allow us to pay the reduced reinstatement fee of \$515.00 as you indicated which would reduce the great burden of the higher fee.

Thank you in advance for your cooperation in this matter.

Cordially



Jonathan Leoni  
Officer/Leoni Construction Company

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