

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra L. Merriam
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	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
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 CHARLES LEONI 225 N.E. 34th ST. MIAMI, FL 33137 SUITE #101		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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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 _____ Date _____
REGISTERED AGENT MUST SIGN

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)(j), 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: _____ Date 7/16/98 Daytime Phone # 850-580-3131 850-980-3500
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (1/98)

Leoni
Construction
Company

225 N.E. 34th Street
Miami, FL 32817

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Thursday, July 16, 1998

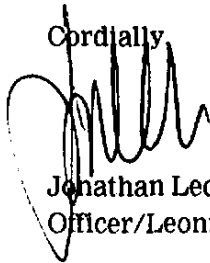
Florida Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

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
