

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

00 MAR 20 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K38971**

1. Corporation Name

LEONI CONSTRUCTION COMPANY

2. Principal Office Address

225 N.E. 34th ST

Suite, Apt. #, etc.

#201

City & State

MIAMI, FL

Zip

33137

Country

USA

3. Mailing Office Address

225 N.E. 34th STREET

Suite, Apt. #, etc.

#201

City & State

MIAMI, FL

Zip

33137

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-2919542

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 **JONATHAN LEONI**

Street Address (P.O. Box Number is Not Acceptable)
225 N.E. 34th STREET

Suite, Apt. #, Etc.

#201

City

MIAMI

State
FL

Zip Code

33137

300003226163-5
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******300.00 ****300.00**

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 **3/20/2000**

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
D	LEONI, DOUGLAS	225 N.E. 34th ST #201	Miami, FL 33137
D	LEONI, JONATHAN	225 N.E. 34th ST #201	Miami, FL 33137
D	LEONI, CHARLES	225 N.E. 34th ST #201	Miami, FL 33137

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

Date

3/20/00

Daytime Phone #

850.544.0716

CR2E081 (9/99)