

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

00 MAR 20 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**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

*[Signature]*

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<br>Officers and/or Directors | Street Address of Each<br>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

*[Signature]*

Date

3/20/00

Daytime Phone #

850.544.0716

CR2E081 (9/99)