

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 12 AM 9:21

10-1-04

DOCUMENT # L03000032498

2004-2007

1. Limited Liability Company's Name

LEADING EDGE DESIGN ASSOCIATES LLC

2. Principal Office Address

133 Coconut Palm Rd

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33432

Country

USA

Zip

Country

CR2E041 (8/05)

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

8-28-2003

6. FEI Number

200267911

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Janet S. Amis

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

133 Coconut Palm Rd

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33432

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Janet S. Amis

REGISTERED AGENT MUST SIGN

Date 1-09-07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	JOSEPH G. FACELLI JR	4933 SW Abandon Cir	Palm City, FL 34990
MGR	Janet S. Amis	133 Coconut Palm Rd	Boca Raton, FL 33432
			800085018528 01/18/07--01039--004 **200.00
			REINSTATEMENT 04-07

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Janet S. Amis

Date 1-09-07 Daytime Phone # 772-221-0661

Typed or printed name of signing Managing Member/Manager

Definit Recieved Report

Leading Edge Design Associates llc
133Coconut Palm Road
Boca Raton, Fl.33432

January 9,2007

Florida Department of State
Division of Corporations
P.O.Box6327
Tallahassee, Fl 32314


Sub. LEADING EDGE DESIGN ASSOCIATES LLC
Reference# L03000032498

To Whom It May Concern,

Enclosed with this letter please find the Limited Liability Company Reinstatement form fully executed as requested. Also enclosed please find the response letter from the Florida Department of State, Division of Corporations requesting the return copy. The enclosed check #2012 for \$200.00 will cover the reinstatement charge for the years 2004/2007.

If you require any additional information please do not hesitate to contact me,772-221-0661.

Sincerely,



Joseph G. Pacelli Jr.
President