(1)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 APR 26 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03081

1. Corporation Name
William Leonard Associates Inc

Principal Place of Business
11111 Biscayne Blvd
Miami FLA 33181

Mailing Address
SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Above
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
Above
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0145988
Applied For
Not Applicable

6. 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)

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
D	Leonard William 11111 Biscayne Blvd Miami Fla	← same	
			300002859463--5 -04/30/99--01143--019 ****665.00 ****665.00

8. Name and Address of Current Registered Agent
William Leonard

9. Name and Address of New Registered Agent
Name: William Leonard
Street Address (P.O. Box Number is Not Acceptable): 11111 Biscayne Blvd
Suite, Apt. #, Etc.: Apt
City: Miami
State: FL
Zip Code: 33181

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: 4/1/99

11. This corporation owes 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] 3/24/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
William Leonard, Pres.

(2)

Phones 947-9877 or 947-9892

VICTOR REINER ASSOCIATES, INC.
1944 N.E. 163RD STREET
NO. MIAMI BEACH, FLA. 33162

ACCOUNTING
BOOKEEPING
BUSINESS ADVISOR
TAX RETURNS

PERSONALIZED ATTENTION

VICTOR REINER — MEMBER FLORIDA ASSOCIATION OF INDEPENDENT ACCOUNTANTS

3/13/99

To whom it may concern -

As per my conversation with Shawn Tonkon 3/12/99 please be advised we never received the Annual Report forms for 1996, 1997 & 1998.

As per your instructions please find our Check in the amount of 665.00, which represents Payment in full for 1996, 1997, 1998 & 1999.

Cordially

Victor Reiner