

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR 96  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 SEP 20 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400001965864  
-10/04/96--01107--037  
\*\*\*\*983.75 \*\*\*\*983.75

DOCUMENT # L13342  
1 Corporation Name  
LEGERE CORP.

Principal Place of Business Mailing Address  
9001 SW 122nd Ave same.  
Miami FL 33186  
#104.

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida Sept 5 1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 58-1859636	
City & State		City & State		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" 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	AUGUSTO HANIMIAN	9001 SW 122 Ave	MIAMI FL 33186

REINSTATEMENT 96  
A. Alan

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
AUGUSTO HANIMIAN 9001 SW 122 Ave MIAMI FL 33186		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

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 8-23-96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee authorized 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 terminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation 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: \_\_\_\_\_ Date 8-23-96 (205) 270-8943

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR