

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 DEC 21 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L79650

1. Corporation Name

FOR THE MOMENT, INC.

Principal Place of Business

7106 BERACASA WAY  
BOCA RATON FL 33433

Mailing Address

7106 BERACASA WAY  
BOCA RATON FL 33433



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

06/08/1990

SP

Suite, Apt. #, etc.

7098 BERACASA WAY

Suite, Apt. #, etc.

7098 BERACASA WAY

City & State

City & State

5. FEI Number

65-0201076

Applied For

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	LELAND, LESLIE	7098 BERACASA WAY 7098	BOCA RATON FL 33433

700003082257-1  
-12/28/99--01070--020  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

LELAND, ALLEN  
7106 BERACASA WAY  
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name

LESLIE LELAND

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

7098 BERACASA WAY

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33433

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

REGISTERED AGENT MUST SIGN

Date

11/10/99

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

11/10/99  
Daytime Phone #