

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**REINSTATEMENT** **FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Morham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # L97629**

1. Corporation Name

**LENRON ENTERPRISES, INC.**

Principal Place of Business

201 LAKE SHORE DRIVE S.  
 OCOEE FL 34761  
 US

Mailing Address

201 LAKESHORE DRIVE S.  
 OCOEE FL 34761  
 US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/05/1990

5. FEI Number

59-3028592

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	ARGENTINE, LEONARD	201 LAKE SHORE DR S	OCOEE FL
D	GRAY, LUTHER OSCAR	6401 BRENDA DR.	APOPKA FL

600002882906--1  
 -05/21/99--01105--006  
 \*\*\*\*\*300.00 \*\*\*\*\*300.00

8. Name and Address of Current Registered Agent

TAPLIN, NORMAN E.  
 1401 FORUM WAY  
 SUITE 800  
 WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name: Argentine, Leonard  
 Street Address (P.O. Box Number is Not Acceptable): 201 Lake Shore Dr. S  
 Suite, Apt. #, Etc.:  
 City: OCOEE  
 State: FL Zip Code: 34761

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

*Leonard Argentine*

REGISTERED AGENT MUST SIGN

Date: 5-5-99

11. This corporation owes or has paid 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:

*Leonard Argentine*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

55-99

Date

407-877-1199

Daytime Phone #

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State of Florida  
Department of State  
Sandra B. Mortham

Re: Document # L97629

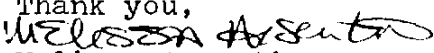
Dear Sandra B. Mortham,

My grandfather was ill during 1996, 1997  
and 1998 with cancer.

During that time the renewal of the above  
mentioned document was overlooked, in fact  
I knew nothing concerning the renewal.

We would like to have Len-Ron Enterprises  
renewed.

Is there any way to waiver or reduce the  
reinstatement fees?.

Thank you,  
  
Melissa Argentine  
12400 W. Colonial Dr.  
Winter Garden, Fl. 34787

407-877-1199