

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC 24 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M79779

1. Corporation Name

LEOLACO, INC.

2. Principal Office Address

2370 Immokalee Road

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip
34110

Country
USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/3/88

5. FEI Number 210001957

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 96-01

7. Name and Address of Current Registered Agent

Name Paul A. Stanford, Jr.

Street Address (P.O. Box Number is Not Acceptable)
2370 Immokalee Road

Suite, Apt. #, Etc.

City Naples, FL

State
FL

Zip Code
34110

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/21/01

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
STD	Paul A. Stanford, Jr.	560 109th Avenue N.	Naples, Florida 34109
PD	Francis A. Formica, Jr.	560 109th Avenue N.	Naples, Florida 34109

10. 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

Paul A. Stanford, Jr., President

941-598-2332

Date

Daytime Phone #

CR2E081 (9/00)