

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV -5 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 00000001309

1. Corporation Name

LEATHER UNIVERSITY

REINSTATEMENT 01-03

10002449811

11/05/03--01046--022 **367.50

2. Principal Office Address

1226 NE 4TH AVE

3. Mailing Office Address

1226 NE 4TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FL

City & State

FT LAUDERDALE, FL

Zip

33304

Country

USA

Zip

33304

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/29/2000

5. FEI Number

65-1040905

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ERIC LAWRENCE

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

1226 NE 4TH AVE

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33304

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/30/03

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
D	RANDALL KLETT	1226 NE 4TH AVE	FT. LAUDERDALE FL 33304
D	MITCH HERMAN	1226 NE 4TH AVE	FT. LAUDERDALE FL 33304
D	MARILYN ZERQUERA	1226 NE 4TH AVE	FT. LAUDERDALE FL 33304

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]

RANDALL KLETT DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/28/03

Daytime Phone #

954-761-3200

CR2E081 (10/02)