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## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS  DOCUMENT # N11412  1. Corporation Name The Leesure to Ald Albased Chaldren Models Inc.									FILED  04 MAY 26 PM 3: 22  SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Office Address Pro Box #76354 Suite, Apt. #, etc.				3. Mailing Office Address  5 Am E-  Suite, Apt. #, etc.				800033470208 04/21/0401072001 **61.25 3/6/04 01035 002 6(.25						
City & State					City & State				To Do Business in Florida (O) 2/85  5. FEI Number Applied For					
Of Petersburg Fr								59-2793.83.7 Not Applicable						
Zip 337	134	Country	,-		Zip		Country		6. CERTIFICATE	OF STATU	S DESIRED			Fee required e of Status
	7. Name and Address of Current Registered Agent													
	Name AND FOSTER  Street Address (P.O. Box Number is Not Acceptable) 3775 Hotal Lane Sourch  Suite, Apr. #, Etc. # 766  City Street Address by Florida 93711  State Zip Code FL 33711													
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														
9. Names	and Street Ad	ldresses	of Each Of	icer and	d/or Director (Flo	orida nonpro				_	•	•		
Titles	S Name of Officers and/or Directors				Street Address of Each Officer and/or Director			h r			ity / State / Z	ip .		
Pres	5 JOANUE Barger					סרו	Br. gitwaters Bluch			St. Peterobury, F1 3504				
NR	FERN CLAYTON				1915-BAYOUG rondo			Bluck St Patersburg FT 33703					53703	
(rcas_	AND Foster				3775-45TH LAU & SOU			South	5+ Petersburg, FL 33711					
Sec	Vera Brantly 679 Vallance way NE St Petersburg Fo										FC	33716		
•	J.													
this rei	instatement ap by the corporat application is	olication tion have	, the reason been paid accurate, a	for distand the	solution has bee	n eliminated duals listed ave the sam	I, the corporation this form do the legal effect	e name satisfier o not qualify for as if made unde	provided for in cha s the requirements an exemption und er oath.	of section	607.0401	or 617.0401, I	F.S., that	it all lees
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April 15, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: The League to Aid Abused Children and Adults, Inc.

Ladies and/or Gentlemen.

Enclosed is our application to have our Corporation reinstated. We were informed that the Corporation had been dissolved on September 19, 2003 for failure to file an Annual Report. We learned this when we applied for our Solicitations permit with the Division of Consumer Services.

We never received the Annual Report Form. For years I have used my home address as the address for the League. I had moved and evidently the forwarding period had expired. To further complicate matters, about the time that the Report was due, I had surgery. In normal times, I may have realized that we had not received the report and followed up on the matter. However, my mind was evidently on my surgery.

The failure to file was not intentional and we are requesting reinstatement promptly upon learning of the delinquency. This administrative oversight on our part did not jeopardize any interest of the State. We respectfully request that the Reinstatement Fee be waived. This will allow us to use the funds to further our exempt purpose which is to provide assistance to victims of child and spouse abuse. Enclosed is our check in the amount of \$61.25 for the 200% fee.

Please furnish us a 2004 Annual Report Form as soon as possible so that we may file it in a timely manner. Thank you for your consideration.

Sincerely,

Ann Foster

**r**easurer

Treasurer