

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

1997 JAN -6 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000001442**

1. Corporation Name

**NATIONAL LEATHER ASSOCIATION -
FLORIDA, INC**

Principal Place of Business

Mailing Address

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

PO BOX 4911

Suite, Apt. #, etc.

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

March 23, 1994

5. FEI Number

65-0491342

Applied For

Not Applicable

City & State

Ft Lauderdale FL

City & State

Zip **33338**

Country **USA**

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/O	Michael Camp	52 NE 20 Ct	Willton Manors FL 33305
S/O	Anthony Boska	4331 SW 72nd way	Davie FL 33314
V/O	James Kennedy	515 SE 9th St #2	Ft Lauderdale FL 33316
T/O	HAROLD WEIL	1501 E. Hallandale Blvd #233	Hallandale FL 33009
D	Bernard Brandt	2807 SW 14th St	Ft Lauderdale FL 33312

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name **ROBERT B. HALLERAN**
Street Address (P.O. Box Number is Not Acceptable) **1250 E. HALLANDALE B.O.H. BLVD**
Suite, Apt. #, Etc. **901**
City **HALLANDALE** State **FL** Zip Code **33009**

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

REGISTERED AGENT MUST SIGN

Date **12/26/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

100002050091--3

01/08/97-01031-013
See other side for information
*** 31 conditions for tax *** 25

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 **Harold Weil** **HAROLD WEIL PRES** **12/18/96** **954-458-8260**

CR2E040 (12/95)