

H03000289965 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

RECEIVED
FILED

03 OCT -3 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000020025

1. Corporation Name

LEA DIGIUNTA CORP
PMB 342 4410 W 16TH AVE #5 HIALEAH, FL 33012

2. Principal Office Address

468 ARTHUR GODFREY RD

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH

City & State

Zip

33140

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02-25-00

5. FEI Number

65-1004680

Applied For

Not Applicable

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

REINSTATEMENT 01-03

7. Name and Address of Current Registered Agent

Name

Leandro Enrique Di Giunta

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

PMB 342 4410 W 16th Ave

Suite, Apt. #, Etc.

#5

City

Hialeah

State

FL

Zip Code

33012

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

Date 10-01-2003

REGISTERED AGENT MUST SIGN

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
P	Leandro Di Giunta	PMB 342 4410 W 16th Ave #5	Hialeah, FL 33012

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

10-01-03 305-926-5412

Date

Daytime Phone #

H03000289965 3

2082

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000289965 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

LEA DIGIUNTA CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,050.00

[Electronic Filing Menu](#)

[Corporate Filing](#)

[Public Access Help](#)