


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000032514			
1. Corporation Name LEOMARS, INC.			
2. Principal Office Address 9781 Arbor Oaks Lane Suite, Apt. #, etc. 101 City & State Boca Raton, FL Zip 33428-2210		3. Mailing Office Address P. O. Box 970835 Suite, Apt. #, etc. City & State Boca Raton, FL Zip 33497-0835	
Country Palm Beach		Country Palm Beach	

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06 JAN 11 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/12/06--01022--011 **750.00

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida	March 30, 2000
5. FEI Number 65-0997286	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name MAUREEN M. WRAY			
Street Address (P.O. Box Number is Not Acceptable) 9781 ARBOR OAKS LANE			
Suite, Apt. #, Etc. 101			
City BOCA RATON		State FL	Zip Code 33428-2210

REINSTATEMENT

2007-2008
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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 <i>M. M. Wray</i> (MAUREEN M. WRAY)		Date December 20, 2005	
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/D	MAUREEN M. WRAY	9781 Arbor Oaks Lane #101	Boca Raton, FL 33428-2210
VP/D	LEOPOLD S. G. WRAY	9781 Arbor Oaks Lane #101	Boca Raton, FL 33428-2210
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: <i>Leopold S.G. Wray</i> (LEOPOLD S. G. WRAY)		Date December 20, 2005 (561)852-6220	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

Maureen M. Wray
December 20, 2005

Current Address:
9781 Arbor Oaks Ln. Unit 101
Boca Raton, FL 33428-2210

Phone # (561) 852-6220 (H)

Previous Address:
8965 SW 177th Terr.
Palmetto Bay, FL
33157-58230.
Old # (305) 233-1764

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FLORIDA DEPARTMENT OF STATE,
Secretary of State,
DIVISION OF CORPORATION,
CORPORATION REINSTATEMENT,

Re: DOCUMENT # P00000032514, FEI # 65-0997286:

Please find enclosed the appropriate forms and Cashier's, Checks in the sum of (Seven Hundred and Fifty) \$750.00 and (One Hundred & Two Dollars) \$102.00, respectively, covering the reinstatement as well as 'Forever Bridal DBA/ Elva Bridal', with Leomars, Inc. as the owner.

As you will notice that I (we) have moved and unable to confirm receiving the renewal forms, and more so would not be able to locate such. With this in mind I (we) hereby request your consideration in waiving the Reactivation Fee of (Six Hundred Dollars) \$600.00.

Looking forward to your most prompt and favorable reply,

Yours truly,


M. M. WRAY