

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000079118

1. Corporation Name

LEL CORPORATION

2. Principal Office Address - No P.O. Box #
2419 S. PONTE VEDRA BLVD

Suite, Apt. #, etc.

City & State

S. PONTE VEDRA BCH, FLORIDA

Zip

32082

Country

USA

3. Mailing Office Address

2419 S. PONTE VEDRA BLVD

Suite, Apt. #, etc.

City & State

S. PONTE VEDRA BCH, FLORIDA

Zip

32082

Country

USA

7. Name and Address of Current Registered Agent

Name
FRANK SHUMER

Street Address (P.O. Box Number is Not Acceptable)
2419 SOUTH PONTE VEDRA BLVD

Suite, Apt. #, Etc.

City
SOUTH PONTE VEDRA BEACH

State
FL

Zip Code
32082

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

REGISTERED AGENT MUST SIGN

Date MARCH 2, 2009

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/S	FRANK SHUMER	2419 SOUTH PONTE VEDRA BLVD	S. PONTE VEDRA BCH/FLORIDA/32082

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 contained in Chapter 119, 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:

FRANK SHUMER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/02/2009

Date

904 237-1356

Daytime Phone #

FILED

09 MAR 25 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-09
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

AUGUST 15, 2000

5. FEI Number
59-3667092

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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