

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 28 PM 1:59

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000096856

1. Corporation Name

Leader Risk Management, Inc.

2. Principal Office Address - No P.O. Box #

2333 Ponce de Leon Blvd.

Suite, Apt. #, etc.

R-200

City & State

Coral Gables

Zip

33134

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Florida

Zip

Country

REINSTATEMENT 01-07

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/2000

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Walter Gonzalez, Esq.

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

2333 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

R-200

City

Coral Gables

State

FL

Zip Code

33134

☒ 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.

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 **May 17, 2007**

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	Jose A. Gonzalez	2333 Ponce de Leon Blvd.	Coral Gables, FL 33134
VP/S/D	Walter Gonzalez, Esq.	2333 Ponce de Leon Blvd.	Coral Gables, FL 33134

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07/06/07--01064--009 **1050.00

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:

Jose A. Gonzalez

May 17, 2007

786-866-3261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #