

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P000000101677

1. Corporation Name

LEBIANC & ASSOCIATES, INC.

FILED

02 DEC 13 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000009500300
12/13/02--01020--006 **750.00

2. Principal Office Address

6571 Serena Lane

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL 33433

City & State

Zip

33433

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/02

5. FEI Number

65-1086848

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

Jeffrey G. Klein

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

2101 N.W. Corporate Blvd

Suite, Apt. #, Etc.

Suite 414

City

Boca Raton

State
FL

Zip Code

33431

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 12/4/02

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
PID	Abraham Mishal	6571 Serena Lane	Boca Raton, FL 33433

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:

Abraham Mishal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dec 4, 2002

Daytime Phone #

561-977-3475

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