

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR 16 PM 1:03

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000 104370**

1. Corporation Name

**Leech Designs, Inc**

2. Principal Office Address

**2606 Nob Hill Rd**

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Sunrise FL**

City & State

Zip

**33322**

Country

**Broward**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/7/2000**

5. FEI Number

**65-1053894**

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

**Joseph Leech**

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

**400005348404-0**

**-04/25/02--01047--030**

Suite, Apt. #, Etc.

**2606 Nob Hill Rd**

**\*\*\*\*300.00 \*\*\*\*300.00**

City

**Sunrise FL**

State

**FL**

Zip Code

**33322**

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

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	Joseph Leech	2606 Nob Hill Rd	Sunrise FL 33322
VP	Audra Leech	2606 Nob Hill Rd	Sunrise FL 33322

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:

**Joseph Leech**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

**LEECH DESIGNS, INC.**

2606 Nob Hill Road

Sunrise, FL 33322

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April 11, 2002

Florida Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

Re: Leech Designs, Inc.  
EIN 65-1053894


Sir:

We just realized that we did not get a 2002 renewal for our corporation. We called your office and were advised that since we didn't renew last year, a form was not sent out for 2002. The reason we didn't renew last year is that we never received any notification to do so.

We were advised to send in a new application, along with our check for \$300.00 for both years and you would reinstate the corporation. Therefore enclosed is our check for the \$300.00 along with a signed UBR form.

Please process this application and send acknowledgment to us at the address above.

Sincerely,

  
Audra Leech, VP  
Leech Designs, Inc.

April 9, 2002

TO: Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

From: Blue Haven Cleaner Inc  
3430 Galt Ocean Dr Apt 805  
Ft. Lauderdale, FL 33308

Re: Corporation Reinstatement for "Blue Haven Cleaner Inc." EIN# 65-0827374

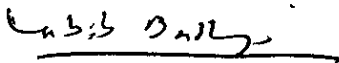
To Whom It May Concern:

Per our telephone conversation about the corporation reinstatement please find attached:

- 1 Reinstatement form
- 2 Check for \$300

This delay was due to non-receipt of the Uniform Business Report. Please feel free to call me at 305.895.3011 if I could be of any further assistance.

Sincerely,



Labib Baltagi CPA