

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000035688

1. Corporation Name

LESLIE, JULY & JESSY INC.

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

7350 NW 7 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33126

Country

US

3. Mailing Office Address

7409 NW 7 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33126

Country

US

7. Name and Address of Current Registered Agent

Name

ANGEL MONTERO

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

7409 NW 7 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33126

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 05/12/2009

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
PD	ANGEL MONTERO	7409 NW 7 ST	MIAMI, FL, 33126
VP	ALFONSO OTAÑO	7409 NW 7 ST	MIAMI, FL, 33126

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/12/2009

Date

786-863-3396

Daytime Phone #

FILED

09 MAY 15 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200155989212
05/15/09--01003--006 **500.00

REINSTATEMENT 04-09

**4. Date Incorporated or Qualified
To Do Business in Florida** 04/09/2001

5. FEI Number
65-1098662

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.

200155989212
05/15/09--01003--007 **400.00