

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 15 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000038124

1. Corporation Name

Leaffield Investments of Florida, Inc.

000023048140
09/15/03--01034--006 **908.75

REINSTATEMENT 02-03

2. Principal Office Address

3. Mailing Office Address

3001 Ponce de Leon Blvd 3001 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

203

203

City & State

City & State

Coral Gables, FL.

Coral Gables, FL.

Zip

Country

Zip

Country

33134

USA

33134

USA

4. Date Incorporated or Qualified
To Do Business in Florida

April 16, 2001

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

Elsa Sanchez

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

1627 Brickell Avenue

Suite, Apt. #, Etc.

2304

City

Miami

State

FL

Zip Code

33129

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

Elsa M. Sanchez

REGISTERED AGENT MUST SIGN

Date

Sept. 11/03

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 Officers and/or Director	City/State/Zip
P	M. Rodriguez Arriaga	3001 Ponce de Leon, 203	Coral Gables, FL 33134

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:

Manuel Rodriguez Arriaga

Manuel Rodriguez Arriaga

Date

9/2/03

Daytime Phone #