

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

~~Marketing Florida~~  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000052128

1. Corporation Name

OWNER 2 OWNER, inc.

2. Principal Office Address *(new)*

8527 Pines BL

Suite, Apt. #, etc.

#205

City & State

Pembroke Pines FL

Zip

33024

Country

US

3. Mailing Office Address *(new)*

8527 Pines BL

Suite, Apt. #, etc.

#205

City & State

Pembroke Pines FL

Zip

33024

Country

U.S

4. Date Incorporated or Qualified  
To Do Business in Florida

5/24/01

5. FEI Number

651139556

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 02

**7. Name and Address of Current Registered Agent**

Name

Dinorah Leon

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

2001 ATLANTIC SHORES

Suite, Apt. #, Etc.

#106

City

Hallandale

State

FL

Zip Code

33009

800008979858

11/14/02--01012--003 \*\*750.00

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

Dinorah Leon  
REGISTERED AGENT MUST SIGN

Date

11/7/02

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

PD

Dinorah Leon

8527 Pines BL #205  
Pembroke Pines FL 33024

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:

Dinorah Leon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/7/02

Daytime Phone #

954 436-9123

CR2E081 (9/01)



8527 Pines Blvd. #205 Pembroke Pines FL 33024  
954.880.0222 fax 954.880.0220

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

Dear Sirs:

I am hereby sending you the application for reinstatement for Owner2Owner, inc.  
P01000052128 along with the total fee \$750.00

I did not receive the UBR filing report or the 2 prior notices. If this is acceptable,  
I understand that the extra fees will be waived and we will be reimbursed.

I have changed the addresses to the corporation and the registered agent.

Sincerely,

Dinorah Leon  
President