

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 DEC 31 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000060052**

1. Corporation Name

LESLIE INVESTMENTS, INC.

Principal Place of Business

**523 S. WIGGINS ROAD
PLANT CITY FL 33566**

Mailing Address

**523 S. WIGGINS ROAD
PLANT CITY FL 33566**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/14/2001

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| P | LESLIE, JERRY HAROLD | 523 S. WIGGINS ROAD | PLANT CITY FL 33566 |
| V | LESLIE MCDOWELL, BARBARA DEAN | 1601 E. TRAPNELL ROAD | PLANT CITY FL 33566 |
| ST | LESLIE GRESHAM, JANICE FAYE | 3401 E. MIDWAY ROAD | PLANT CITY FL 33566 |
| | | | |
| | | | |
| | | | |

900009749819
12/30/02 0115 004 **750.00

8. Name and Address of Current Registered Agent

**TANCREDO, CHRISTOPHER A
SNAHKMAN TANCREDO & CO. L.C.
110 E. REYNOLDS ST., SECOND FLOOR
PLANT CITY FL 33566-3370**

9. Name and Address of New Registered Agent

Name
Christopher A. Tancredo, Esq.
Street Address (P.O. Box Number is Not Acceptable)
1306 Thonotosassa RD
Suite, Apt. #, Etc.

City
Plant City
State
FL
Zip Code
33563

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **Dec 24, 2002**

11. 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:

SIGNATURE REQUIRED
JANICE GRESHAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-02

Date

Daytime Phone #

CR2040 (8/02)