

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000073472

**FILED**  
**Oct 28, 2008**  
**Secretary of State**

**Entity Name:** LESLIE TOTAL OFFICE SOLUTIONS, INC.

**Current Principal Place of Business:**

967 S FEDERAL HWY  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

976 S. FEDERAL HIGHWAY  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 65-1125450

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DALE, MICHAEL L  
2616 SE WILLOUGHBY BLVD  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** JAMES M. LESLIE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: LESLIE, JIM  
Address: 114 BRYCE LN  
City-St-Zip: JUPITER, FL 33458 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JAMES M. LESLIE

PRES

10/28/2008

Electronic Signature of Signing Officer or Director

Date