

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P01000080393**

1. Corporation Name

**LIESL, INC.**

Principal Place of Business

**9909 NW 45TH STREET  
CORAL SPRINGS FL 33065**

Mailing Address

**9909 NW 45TH STREET  
CORAL SPRINGS FL 33065**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT 03**

Incorporated or Qualified  
To Do Business in Florida

**08/13/2001**

5. FEI Number

**65-1134617**

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
<b>D</b>	<b>KOLTES, GREGORY S</b>	<b>9909 NW 45TH STREET</b>	<b>CORAL SPRINGS FL 33065</b>

**100024329291**  
**10/31/03--01026--003 \*\*150.00**

8. Name and Address of Current Registered Agent

**MULLIN, JAMES G**  
**2080 N.W. BOCA RATON BLVD. #6**  
**BOCA RATON FL 33431**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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]*

Date

**27 Oct 03**

REGISTERED AGENT MUST SIGN

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]*  
**G.S. KOLTES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**27 Oct 03**

Daytime Phone #

**954 345 4755**

CR2E040 (7/03)

**Liesl, Inc.**  
**9909 Northwest Forty-Fifth Street**  
**Coral Springs, Florida 33065-1572**

Monday, October 27, 2003

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

Dear Sirs:

Liesl Inc is a small family run company operated from the above address. Though there have been two deaths in the family recently, we are certain that we had not received our corporate application at our above address. Our Registered agent assures us that they had not received the paperwork at their office, thus our normal \$150.00 payment has been omitted.

Enclosed is that cheque for \$150.00. Please accept it with our apologies and we will be more proactive with our compliance in 2004. We look to 2004 as a better year for us, hopefully one with enhanced profitability

Many thanks for your understanding,



Gregory S. Koltes  
President