

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 21 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000098445

1. Corporation Name

LEGA ENTERPRISES OF FLORIDA INC.

2. Principal Office Address

208 SOUTH STATE STREET

Suite, Apt. #, etc.

B

City & State

BUNNELL, FLORIDA

Zip

32110

Country

USA

3. Mailing Office Address

31 ST ANDREWS COURT

Suite, Apt. #, etc.

City & State

PALM COAST, FLORIDA

Zip

32137

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/08/2001

5. FEI Number

593752856

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

FONAKOV, LEONID

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

31 SAINT ANDREWS CT

Suite, Apt. #, Etc.

City

PALM COAST

State

FL

Zip Code

32137

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

REGISTERED AGENT MUST SIGN

Date 11.17.2003

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
P.	FONAKOV, LEONID	31 SAINT ANDREWS CT	PALM COAST, FL 32137
VP	FONAKOVA, GALINA	31 SAINT ANDREWS CT	PALM COAST, FL 32137

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.17.2003 386-437-1666

Date

Daytime Phone #

CR2E081 (10/02)

LEGA ENTERPRISES OF FLORIDA INC.

208 South State Street, Suite B, Bunnell, FL 32110

Tel.: (386) 437-1666, Fax: (386) 447-7451

To: Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Corporation Reinstatement

November 17, 2003

Dear Sir/Madam

Our Corporation was filed on 10/08/2001. Since then we never received Uniform Business Report for the year of 2003. Please waive Reinstatement Fee of \$600.00 for Profit Corporation. Please find enclosed company check for \$150.00 of Annual Report Fee.

We properly receive all mails for our Corporation on addresses: 31 St. Andrews Court, Palm Coast, FL 32137 and never change the mailing address.

Thank you very much for your cooperation.

Sincerely,

Leonid Fonakov
Vice President

