

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 29 PH 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000113981

1. Corporation Name

SUARES & LEON ENTERPRISES, INC.

2. Principal Office Address - No P.O. Box #

1820 HIBISCUS DRIVE

3. Mailing Office Address

PO BOX 611150

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH MIAMI FL

City & State

MIAMI FL

Zip
33181

Country
USA

Zip
33261

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/2001

5. FEI Number

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
HERIBERTO LEON

Street Address (P.O. Box Number is Not Acceptable)
1820 HIBISCUS DRIVE

Suite, Apt. #, Etc.

City
NORTH MIAMI

State
FL

Zip Code
33181

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date MARCH 28, 2007

REGISTERED AGENT MUST SIGN

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	HERIBERTO LEON	PO BOX 611150	MIAMI FL 33261

700095816237

04/04/07--01045--023 **450.00

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 contained in Chapter 119, 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

MARCH 28, 2007

Date

Daytime Phone #