

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000000663

1. Corporation Name

L.E.S. Incorporated

WD7-6747

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

3033 Oakridge D

Suite, Apt. #, etc.

3. Mailing Office Address

3033 Oakridge D

Suite, Apt. #, etc.

City & State

Deerfield Beach

City & State

Deerfield Beach

Zip

33442

Country

US

Zip

33442

Country

US

7. Name and Address of Current Registered Agent

Name

Leslie E Seigel

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

3033 Oakridge D

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33442

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

Les Seigel

REGISTERED AGENT MUST SIGN

Date

2/2/07

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
PDT	Leslie E Seigel	3033 Oakridge D	Deerfield Beach FL 33442

200095148192
03/28/07--01021--008 **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:

Les Seigel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/2/07 954968-0141

Daytime Phone #

07 MAR 15 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200080712512
02/08/07--01024--005 **450.00

REINSTATEMENT

05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/2001

5. FEI Number

04-3601860

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

G. Mitchell

MAR 15 2007