

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 23 AM 8:00

DOCUMENT # P02000010179

1. Corporation Name

The Leisure Pros, Inc

REINSTATEMENT 03

700025733387
12/23/03--01051--016 **158.75

MRS

2. Principal Office Address

5881 NW 151st

Suite, Apt. #, etc.

STE 125

City & State

Miami Lakes FL

Zip

33014

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/25/02

5. FEI Number

03-0386406

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

Fischman, Bruce D. Esq

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

3050 Biscayne Blvd

Suite, Apt. #, Etc.

STE 600

City

Miami

State

FL

Zip Code

33137

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

Bruce Fischman
Pres. of
Fischman, Harnett & O'Neil, P.A.

Date

Dec. 16, 03

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
PSTO	Stewart Chiron	5881 NW 151st STE 125	Miami Lakes, FL 33014

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:

Stewart Chiron
Stewart Chiron

12/16/03

Date

Daytime Phone #

CR2E081 (10/02)



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December 17, 2003

Department of State
Division of Corporations
409 E Gaines St
Tallahassee FL 32399

2003 UBR

Gentleman:

I discovered today that my company has been placed on an inactive status. I didn't know forms were supposed to be filed, nor did I receive the annual report papers. Your recording stated that I needed to write a letter to this effect and that the reinstatement fee would be waived. I have enclosed the reinstatement forms downloaded from your website and a check for \$150 for the other fees the recording mentioned.

I appreciate your assistance in correcting this matter and look forward to receiving the forms to prevent this from reoccurring in the future.

Sincerely,

Stewart Chiron
President

STC:lh
enc

cc: Bruce Fischman, ESQ
Registered Agent
3050 Biscayne Blvd STE 600
Miami, FL 33137