

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 # **P02000016614**

1. Corporation Name

LEVERAGE, INC.

Principal Place of Business

Mailing Address

4298 MAGNOLIA STREET
PALM BEACH GARDENS FL 33418

4298 MAGNOLIA STREET
PALM BEACH GARDENS FL 33418

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

4. Date Incorporated or Qualified
To Do Business in Florida

02/06/2002

5. FEI Number

75-3000119

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVST	JONES, OLIVER L III	4298 MAGNOLIA STREET	PALM BEACH GARDENS FL 33418
D	JONES, OLIVER L III	4298 MAGNOLIA STREET	PALM BEACH GARDENS FL 33418

300024102403
10/27/03--01021--003 **150.00

8. Name and Address of Current Registered Agent

HOSKINS, JIM L
2560 RCA BOULEVARD
SUITE 108
PALM BEACH GARDENS FL 33410

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]

REGISTERED AGENT MUST SIGN

Date

10/19/03

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] OLIVER L. Jones III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/03 561-799-9487

Daytime Phone #

CR2E040 (7/03)



October 20, 2003

Glenda E. Hood
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Glenda E. Hood:

We apologize for any inconvenience we may have caused you or your department, but we did not receive the prior Uniform Business Report notices. We would greatly appreciate it if you would return Leverage, Inc. to "active" status.

I can be reached at 561-799-9487, cjones@leverage-inc.com, or at the included addresses if there are any questions I can answer for you. Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "O. Jones III", written over a circular stamp or mark.

Oliver L. Jones III
President
Leverage, Inc.