

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 OCT -2 PM 2: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000039935

1. Corporation Name

LEANDRYS PAINTING INC

**REINSTATEMENT** 08-09

700161281297  
10/02/09--01041--008 \*\*300.00  
CR2E081 (12/08)

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

2116 JUSTICE LANE

3. Mailing Office Address

2116 JUSTICE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST CLOUD, FLORIDA

City & State

ST CLOUD, FLORIDA

Zip

34769

Country

US

Zip

34769

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

04/12/2002

5. FEI Number  
020606838

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

EDGARDO LEANDRY

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

2116 JUSTICE LANE

Suite, Apt. #, Etc.

City

ST CLOUD

State

FL

Zip Code

34769

☒ 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

REGISTERED AGENT MUST SIGN

Date

9/30/9

**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	EDGARDO LEANDRY	2116 JUSTICE LANE	ST CLOUD, FL. 34769

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

Date

Daytime Phone #

9/30/9 321-624-2883