

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 OCT 18 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000058804

**1. Corporation Name**

Leighton Consulting, Inc.

**2. Principal Office Address**

4051 Gulf Shore Blvd

Suite, Apt. #, etc.

# 505

City & State

Naples, FL

Zip

34103

Country

US

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

Same

Country

Same

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5-28-02

**5. FEI Number**

35-2173429

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

Leighton Smith

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

4051 Gulf Shore Blvd

Suite, Apt. #, Etc.

# 505

City

Naples

State

FL

Zip Code

34103

**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

[Signature]

REGISTERED AGENT MUST SIGN

Date

Oct 14/04

**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
D	Leighton Smith	4051 Gulf Shore Blvd #505	Naples, FL 34103
D	Jonne Smith	4051 Gulf Shore Blvd #505	Naples, FL 34103

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Oct 14/04

Daytime Phone #

917 856 3864

October 8, 2004

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

RE: Reinstatement

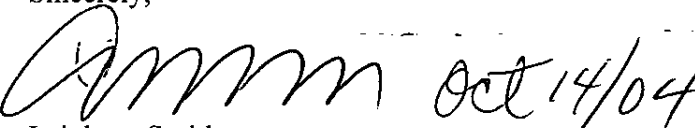
Dear Sir or Madam:

Enclosed please find a reinstatement form for my Corporation (Leighton Consulting, Inc.). I went to a Financial Institution to open an account and was advised that my Corporation was no longer active. After consulting with my Accountant we discovered that my mailing address was not accurate in your files, therefore I was not receiving my annual report.

At this time I am submitting the reinstatement along with a check in the amount of \$300.00 to pay for the years 2003 and 2004. Please make sure that the correct data is entered into my file so I will receive all future correspondence.

Thank you for your cooperation in this matter.

Sincerely,

  
Leighton Smith