

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 OCT 15 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

**1. Corporation Name**

LEE IDEAS, INC

700161769617  
10/15/09--01036--008 \*\*450.00

**REINSTATEMENT** 07-09

CR2E081 (12/08)

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

1502 SW 22ND AVE

Suite, Apt. #, etc.

**3. Mailing Office Address**

1502 SW 22ND AVE

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

Zip

33426

Country

U.S.A.

City & State

BOYNTON BEACH, FL

Zip

33426

Country

U.S.A.

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

**5. FEI Number**

52-2375256

☐ 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

LEE, FREDDY

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

1502 SW 22ND AVE

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State

FL

Zip Code

33426

☒ 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

Date

REGISTERED AGENT MUST SIGN

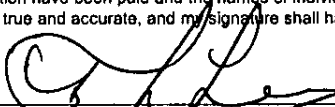
**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	LEE, FREDDY	1502 SW 22ND AVE	BOYNTON BEACH, FL 33426

2010/16

**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:**

  
FREDDY LEE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-2009 (561) 734-4478

Date

Daytime Phone #