

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

142

06 NOV 20 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000130261

1. Corporation Name

J. LEKER CARPENTRY, INC

REINSTATEMENT 06

2. Principal Office Address

1750 S. Glades Drive.

Suite, Apt. #, etc.

12

City & State

N. Miami Beach

Zip

33162

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

11/06/03

5. FEI Number

57-1191296

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

JOEL LEKER

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

1750 S. Glades Drive

Suite, Apt. #, Etc.

12

City

N. Miami Beach

State

FL

Zip Code

33162

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

Joel Leker

Date

11/1/06

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	Joel Leker	1750 S. Glades Dr. #12	N. Miami, FL 33162

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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:

Joel Leker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/06

Daytime Phone #

786 441 3488

292

Nov 1st, 2006

Re: P03000130261

J. Leker Carpentry, Inc

Please be advised that I was asked by your office to complete a reinstatement form for my corporation, because I did not receive ~~2006~~ annual report due to a change of address. Enclosed is the \$150.00 fee.

Thank You
Joel Leker