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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 SEP 12 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-03000130271

1. Corporation Name

Oscar D'Leon Enterprises, Corp.

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

2500 SW 107 Ave

3. Mailing Office Address

2500 SW 107 Ave

Suite, Apt. #, etc.

#8

Suite, Apt. #, etc.

#8

City & State

Miami Florida

City & State

Miami FL

Zip

33165

Country

USA

Zip

33165

Country

USA

7. Name and Address of Current Registered Agent

Name

Oscar E. Leon

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

7142 NW 112 ct

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33178

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

11/12/03

5. FEI Number

20-0390164

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☒ 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

[Signature]

Date 8/29/07

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	Oscar E Leon	7142 NW 112 ct	Miami FL 33178
VP	Zoraida Leon	7142 NW 112 ct	Miami FL 33178
S	Frosca Leon	7142 NW 112 ct	Miami FL 33178

200109722872
09/20/07--01088--009 **450.00

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

Oscar E. Leon

8/29/07

Date

(305) 322-5740

Daytime Phone #

SEP 14 2007

2 of 2

Florida Department of Revenue
Division of Corporations
Reinstatement Office
Tallahassee, Fl

To Whom It May Concern:

Enclosed is a check for \$450.00 for annual reports for the years 2005, 2006 and 2007.

We just realized that this company has been inactive since 2005 but we never paid this because we did not know we had to file the form and we never received your notice for the three years.

We respectfully ask you to abate any penalties, and we will file on time in the future.

Sincerely yours.



Oscar B. Leon Enterprises corp.
FEIN 20-0390164
P03000130271

P03000130271
9-16-05
\$450.00