

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP 26 11:40:01

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P03000133592

1. Corporation Name

LEATHER BY DESIGN
ENTERPRISES, INC.

2. Principal Office Address

340 CBL Drive

Suite, Apt. #, etc.

Suite 101

City & State

St. Augustine, FL

Zip

32086

Country

USA

3. Mailing Office Address

340 CBL Drive

Suite, Apt. #, etc.

Suite 101

City & State

St. Augustine, FL

Zip

32086

Country

USA

RECEIVED
CR2E081 (12/05)

2006

4. Date Incorporated or Qualified
To Do Business in Florida

3/15/04

5. FEI Number

81-0638755

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

RICHARD TAYLOR

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

520 Jeffrey Drive

Suite, Apt. #, Etc.

City

St. Augustine, FL

State

FL

Zip Code

32086

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

9/21/06

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
Pres	Richard Taylor	520 Jeffrey Dr	St. Augustine, FL 32086
V Pres	Carol C. Taylor	520 Jeffrey Dr	St. Augustine, FL 32086

500080179855
09/25/06--01038--008 **300.00

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

9/21/06 (904) 825-4009

Date

Daytime Phone #

262

Leather by Design Enterprises, Inc.
340 CBL Drive, Suite#101
St. Augustine, Fl 32086
(904) 825-4009

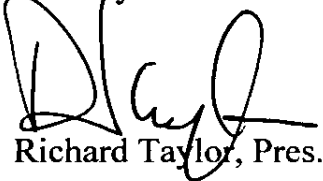
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

September 21, 2006

Dear Sir:

Please find enclosed the reinstatement form for our company, Leather by Design Enterprises, Inc. We were informed recently that our corporation was inactive. We have not received any notices of any kind regarding the annual notices to keep our corporation up to date. Therefore, please waive the late fees. Please find a check for the amount of \$300 for 2005 and 2006.

Thank you.


Richard Taylor, Pres.