


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000002654
1. Corporation Name
Lepley Enterprises Services Inc.

2. Principal Office Address <u>6535 Patricia Dr.</u>		3. Mailing Office Address <u>6535 Patricia Dr</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>West Palm Beach FL.</u>		City & State <u>West Palm Beach FL.</u>	
Zip <u>33413</u>	Country <u>Palm Beach</u>	Zip <u>33413</u>	Country <u>Palm Beach</u>

FILED
06 JAN 24 PM 1:01
REINSTATEMENT
B 1/31/06
01-01-2004
900132877
CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name <u>Charles Eugene Lepley Jr.</u>	000063007350 01/06/06--01054--005 **19 .00
Street Address (P.O. Box Number is Not Acceptable) <u>6535 Patricia Dr</u>	000063007350 01/06/06--01054--004 **15 .00
Suite, Apt. #, Etc.	
City <u>West Palm Beach</u>	State <u>FL</u> Zip Code <u>33413</u>

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 Charles E. Lepley Jr. Date 01-03-06
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
Pres.	<u>Charles E. Lepley Jr.</u>	<u>6535 Patricia Dr WPB FL 33413</u>	<u>WPB FL 33413</u>
Treasurer	<u>''</u>	<u>'' 6535 Patricia Dr</u>	<u>''</u>
Owner	<u>''</u>	<u>6535 Patricia Dr</u>	<u>WPB FL 33413</u>
Agent	<u>''</u>	<u>'' ''</u>	<u>'' ''</u>

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: Charles E. Lepley Jr. Date 01-03-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

09/2/02

WEEKLY WORK SHEET

DEAR SIR,
I DID NOT RECIEVE MY ANNUAL REPORTS DUE TO A MOVE , I PUT IN FOR A FORWARDING OF MY MAIL AND HAD NO IDEA THIS WOULD NOT BE FORWARDED TO ME, HOWEVER I PHONED THE STATE AND THEY ADVISE ME TO DOWNLOAD THE NESSARY DOC'S , COMPLETE THEM AND SEND IN THREE HUNDRED DOLLARS FOR THIS YEAR AND THE ONE BEFORE ALONG WITH THIS LETTER EXPLAINING MYSELF. IF YOU HAVE ANY QUESTIONS OR CONCERNS PLEASE FEEL FREE TO CONTACT ME ANYTIME DAY OR NIGHT @ 561-202-4194 or at my new mailing address:
6535 PATRICIA DRIVE
WEST PALM BEACH
FL. 33413

THANKS,
CHARLES E. LEPLEY JR.

