

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**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

**6535 Patricia Dr.**

Suite, Apt. #, etc.

3. Mailing Office Address

**6535 Patricia Dr.**

Suite, Apt. #, etc.

City & State

**West Palm Beach FL.**

City & State

**West Palm Beach FL.**

Zip

**33413**

Country

**Palm Beach**

Zip

**33413**

Country

**Palm Beach**

4. Date Incorporated or Qualified  
To Do Business in Florida

**01-01-2004**

5. FEI Number

**900132877**

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

**Charles Eugene Lepley Jr.**

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

**6535 Patricia Dr.**

Suite, Apt. #, Etc.

City

**West Palm Beach**

State

**FL**

Zip Code

**33413**

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.**

REGISTERED AGENT MUST SIGN

Date

**01-03-06**

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.	Charles E. Lepley Jr.	6535 Patricia Dr. WPB FL 33413	WPB FL 33413
TREAS.	"	6535 Patricia Dr.	WPB FL 33413
OWNER	"	6535 Patricia Dr.	WPB FL 33413
AGENT	"	"	"

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Charles E. Lepley Jr.**

Date

**01-03-06**

Daytime Phone #

*Page 2*

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. LEPLY JR.

