

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 19 AM 7:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000030072

1. Corporation Name

GREG LEACH & SONS INC

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

6750 W DEEN STILL RD

3. Mailing Office Address

6750 W DEEN STILL RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POLK CITY FL

City & State

POLK CITY, FL

Zip

Country

33868

Zip

Country

33868

4. Date Incorporated or Qualified
To Do Business in Florida

2/21/2005

5. FEI Number

27-0119690

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

GREGORY L. LEACH

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

6750 W DEEN STILL ROAD

Suite, Apt. #, Etc.

City

POLK CITY

State

FL

Zip Code

33868

☐ 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

Greg Leach

REGISTERED AGENT MUST SIGN

Date 3-15-07

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	GREGORY L. LEACH	6750 W DEEN STILL RD	POLK CITY FL 33868

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:

Greg Leach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-07

Date

(863) 860-4726

Daytime Phone #

B. Mitchell MAR 19 2007