


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 FEB 26 PM 12:39

SECRET
TALLAHASSEE, FLORIDA

800089722698
03/01/07--01003--016 **300.00

DOCUMENT # P 05000031184

1. Corporation Name

Manuel Leis Corporation

2. Principal Office Address

11700 SW 168 st

Suite, Apt. #, etc.

3. Mailing Office Address

11700 SW 168 st

Suite, Apt. #, etc.

City & State

miami, Florida

City & State

miami, Florida

Zip

33177

County

Dade

Zip

33177

Country

Dade

4. Date Incorporated or Qualified To Do Business in Florida

3-2-2005

5. FEI Number

20-2407073

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

B 2/27/07
REINSTATEMENT 06-07
CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Manuel Leis

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

11700 SW 168 st

Suite, Apt. #, Etc.

N

City

miami

State

FL

Zip Code

33177

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

Manuel Leis

Date

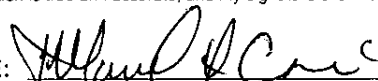
2-12-07

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
Vice Pres	Junior Romero	116 East 16 st	Hialeah Fl. 33010
Treasurer	Pedro Rios	116 East 16 st	Hialeah Fl 33010
President	Manuel Leis	11700 SW 168 st	miami - Fl 33177
Director			

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

2-12-07

Date

305-233-0451

Daytime Phone #

I call the Florida Department
of State, and they tell me.

to send ~~a~~ this paper ~~explained~~.
That I did not renew before
because, they never send the
Renewal, I'd did know.

Thank you.

Manuel Leis

305 710 7398.

They tell me to send ~~a~~.
check for \$300.00