# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000069206

1. Entity Name
LEAL PARTY RENTAL, INC.

FILED
08 FEB 21 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

| Principal Place of Business | Mailing Address |
|---|---|
| 19200 SW 106 AVE UNIT 13<br>MIAMI, FL 33157 | 19200 SW 106 AVE UNIT 13<br>MIAMI, FL 33157 |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 21980 SW 129 AVE | 21980 SW 129 AVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MIA FL | City & State: MIA FL |
| Zip: 33170 Country: US | Zip: 33170 Country: US |

4. FEI Number: 20-2843414 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| GONZALEZ, IDALBERTO<br>19200 SW 106 AVE UNIT 13<br>MIAMI, FL 33157 | Name: YANET RODRIGUEZ<br>Street Address (P.O. Box Number is Not Acceptable): 21980 SW 129 AVE<br>City: MIA FL Zip Code: 33170 |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>RODRIGUEZ, YANET<br>19200 SW 106 AVE UNIT 13<br>MIAMI, FL 33157<br>☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition<br>200119553152<br>03/06/08--01019--029 **300.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>PEREZ, NESTOR M<br>19200 SW 106 AVE UNIT 13<br>MIAMI, FL 33157<br>☒ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition<br>2/21 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #