

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

W01000060994

FILED

2008 JAN -4 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 805 0000 9 285 9

1. Corporation Name

Leaning Tree inc.

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

15 n.e.16th court

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. box 480686

Suite, Apt. #, etc.

City & State

Delray Beach, Fl.

City & State

Delray Beach, Fl.

Zip
33444

Country
USA

Zip
33448

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/29/05

5. FEI Number

20-3076369

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
Mike Blann

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

15 n.e.16th court

Suite, Apt. #, Etc.

City
Delray Beach

State
FL

Zip Code
33444

☒ 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

Mike A Blann

REGISTERED AGENT MUST SIGN

Date **12/11/07**

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	Mike Blann	15 n.e.16th court	Delray Beach, Fl. 33444

300113135893
12/14/07--01010--009 **300.00

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: *Mike A Blann*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mike A. Blann

12/11/07 561 901 9065
Date Daytime Phone #