

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

**FILING CANCELLED
RETURNED CHECK**

DOCUMENT # POS000139562

1. Corporation Name

Leo's Honda Tech

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

11750 NW 87 PL #1

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Hialeah Gardens, FL

Zip

Country

33055

USA

City & State

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/05

5. FEI Number

203636757

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

Leonel Figueredo

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

20508 NW 55 Ct

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33055

800269927449
02/24/15--01028--011 **450.00

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

Date 2-12-15

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
p	Leonel Figueredo	20508 NW 55 Ct	Miami, FL 33055
vp	Isabel Figueredo	20508 NW 55 Ct	Miami, FL 33055
			S. HAWKES
			FEB 25 A.M.
			EXAMINER

10. E-mail Address: leoshondatech@yahoo.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-15

Date

Daytime Phone #