

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P060000104728-10728

1. Corporation Name

LESLIE PROPERTY INVESTMENTS, INC

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

1651 N.E 115 St.

3. Mailing Office Address

Suite, Apt. #, etc.

27 C

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33181

Country

Dade

Zip

Country

7. Name and Address of Current Registered Agent

Name

Leslie, Nayan k

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

1651 N.E 115 St.

Suite, Apt. #, Etc.

27 C

City

Miami

State

FL

Zip Code

33181

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

REGISTERED AGENT MUST SIGN

Date 02/19/2009

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
PD	NAYAN K. LESLIE	1651 N.E 115 St. Suite 27C	Miami, FL 33181

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:

Nayan K. Leslie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/2008

Date

305-244-2366

Daytime Phone #

FILED

09 FEB 26 AM 9:36

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

REINSTATEMENT

800144515628

02/26/09--01029--022 **458.75

0709 CR25081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida 01/24/2006

5. FEI Number
42-1692934

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

☒ 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.