

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 FEB 03 AM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0600027029

1. Corporation Name

Ledbetter & Associates, PA

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

333 N. New River Dr. E.

Suite, Apt. #, etc.

#1500

City & State

Fort Lauderdale, FL

Zip

33301

Country

USA

3. Mailing Office Address

333 N. New River Dr. E.

Suite, Apt. #, etc.

#1500

City & State

Fort Lauderdale, FL

Zip

33301

Country

USA

000193278160

02/03/11--01043--012 **1350.00

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 02/23/2006

5. FEI Number

20-4371992

☐ 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

DALE LEDBETTER

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

333 N. New River Dr. E.

Suite, Apt. #, Etc.

#1500

City

Fort Lauderdale

State

FL

Zip Code

33301

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

Dale Ledbetter
REGISTERED AGENT MUST SIGN

Date 1/24/2011

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
Mr.	Dale Ledbetter	333 N. New River Dr. E. #1500	Fort Lauderdale, FL 33301

REINSTATEMENT

RH

10. E-mail Address: cbecker@dlsecuritieslaw.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:

Dale Ledbetter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 24, 2011 954302-7698

Date

Daytime Phone #