

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAR 25 A 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500173123695
03/25/10--01024--012 ***450.00

CR2E081 (1/07)

DOCUMENT # **P07000040316**

1. Corporation Name

C LEON C MULTISERVICES, INC.

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

4656 NW 114 AVE

3. Mailing Office Address

Same

Suite, Apt. #, etc.

406

Suite, Apt. #, etc.

City & State

DORAL FL

City & State

Zip

33178

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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

ELIZABETH LEON

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

4656 NW 114 AVE

Suite, Apt. #, Etc.

406

City

DORAL

State

FL

Zip Code

33178

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

3-24-10

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	CESAR LEON	4656 NW 114 AVE #406	DORAL FL 33178
VP	ELIZABETH LEON	4656 NW 114 AVE #406	DORAL FL 33178
S	MERCEDES LEON	4656 NW 114 AVE #406	DORAL FL 33178

REINSTATEMENT

08-10

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/24/10

Daytime Phone #