

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
13 MAR 28 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO9000080822

1. Corporation Name

LEACREE COMPANY

900246120399

03/26/13--01024--005 \*\*908.75

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

10738 Dutantown Road

State, Apt. #, etc.

3. Mailing Office Address

PO BOX 32737

State, Apt. #, etc.

City & State

Knoxville, TN

City & State

Knoxville, TN

Zip

37932

Country

USA

Zip

37930

Country

USA

CS28081 (11/10)

4. Does Incorporated or Qualified  
To Do Business in Florida

5. FEI NUMBER

27 1033198

Applied For  
New Application

6. CERTIFICATE OF STATUS DESIRED

YES

7. Name and Address of Current Registered Agent

Name:

NRA1 Services, Inc.

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

1200 South Pine Island Road

State, Apt. #, etc.

Suite 1000

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0508 or 617.0503, F.S.

Signature of  
Registered Agent

NRA1 Services, Inc.  
Kimberly Steinhilber

Kimberly Steinhilber, Assistant Secretary

Date 3/22/13

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| TITLE              | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip         |
|--------------------|--------------------------------------|---|----------------------------|
| <u>P</u> President | <u>Bin Jiang</u>                     | <u>PO Box 32737<br/>Knoxville, TN 37930</u>       | <u>Knoxville, TN 37930</u> |
|                    |                                      |   |                            |
|                    |                                      |   |                            |
|                    |                                      |   |                            |

REINSTATEMENT

EXAMINER

APR 2 2013

S. HAWKES

10. E-mail Address: jiangbin@leacree.com

(To be used for future email report notifications)

11. I certify that I am an officer or director or the executive 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 or 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 §617.155, F.S.

SIGNATURE:

Bin Jiang

Mar 22, 2013

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR)

Date (Required Fields)