

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2013

DOCUMENT # P11000059286

1. Corporation Name

LEO & CO., INC.

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

290 MLK ST N

Suite, Apt. #, etc.

#202E

City & State

St. Petersburg, FL

Zip

33705

Country

US

3. Mailing Office Address

204 37th Avenue North

Suite, Apt. #, etc.

Suite #446

City & State

St. Petersburg, FL

Zip

33704

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/2011

5. FET Number

990367218

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

George K. Rahdert

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

535 Central Avenue

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33701

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

1/14/2013

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
PVST	MONICA KREUTZER	204 37th Avenue North, Suite #446	St. Petersburg, FL 33704

JAN 24 2013

T. ROBERTS

10. E-mail Address: AVELARDI@RAHDERTLAW.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

1/14/2013

Date

305-299-7740

Daytime Phone #