

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P14104

1. Corporation Name

LERETA CORP.

Principal Place of Business

1123 S. PARKVIEW DR.  
COVINA CA 91724  
US

Mailing Address

1123 S. PARK VIEW DR  
COVINA CA 91724  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/20/1987

5. FEI Number

95-4025494

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City
VT	FOLEY, DOUGLAS J.	1123 S. PARKVIEW DR.	COVINA CA
<del>V</del>	<del>BLAKELY, GARY</del>	<del>1123 S PARKVIEW DR</del>	<del>COVINA CA</del>
VD	HAY, JOHN A.	1123 S PARKVIEW DR	COVINA CA
<del>VD</del>	<del>WISE, TERRY</del>	<del>1123 S. PARKVIEW DR.</del>	<del>COVINA CA</del>
PD	QUARTO, DALE	1123 S PARKVIEW DR	COVINA CA

8. Name and Address of Current Registered Agent

MISURA, DAVID J.  
19321 C U.S. 19 NORTH  
SUITE 602  
CLEARWATER FL 33764

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/23/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information  
on intangible tax.)

12. 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 under section 119.07(3)(i), 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

REQUIRED

Date

12/23/98

Daytime Phone #

(626)  
332-1942

FILED

98 DEC 30 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR2E040 (9/98)