

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
98 DEC 30 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
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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		4. Date Incorporated or Qualified To Do Business in Florida 04/20/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 95-4025494	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
VT	FOLEY, DOUGLAS J.	1123 S. PARKVIEW DR.	COVINA CA
V	BLAKELY, GARY	1123 S PARKVIEW DR	COVINA CA
VD	HAY, JOHN A.	1123 S PARKVIEW DR	COVINA CA
VD	WISE, TERRY	1123 S. PARKVIEW DR.	COVINA CA
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: **REINSTATEMENT**
Street Address (P.O. Box Number is Not Acceptable):
Suite, Apt. #, Etc.:
City: State: **FL** Zip Code:

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: *[Signature]* **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]* **REQUIRED** Date: 12/23/98 (626) 332-1942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (9/98)