

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2017 FEB 22 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15000086755

1. Corporation Name

B. Leppla PA

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

27529 Pine Point Dr

Suite, Apt. #, etc.

3. Mailing Office Address

27529 Pine Point Dr

Suite, Apt. #, etc.

City & State

Wesley Chapel

Zip

33544

Country

Pasco

City & State

Wesley Chapel

Zip

33544

Country

Pasco

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/2015

5. FEI Number

47-5417282

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

600295311206
02/22/17--01022--022 **150.00

600295311206
02/08/17--01014--018 **150.00

7. Name and Address of Current Registered Agent

Name

Burton Leppla

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

27529 Pine Point Dr

Suite, Apt. #, Etc.

City

Wesley Chapel

State

FL

Zip Code

33544

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

Burton C. Leppla

REGISTERED AGENT MUST SIGN

Date 2/1/17

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	Burton Leppla	27529 Pine Point Dr	Wesley Chapel, FL 33544
VP	Linda Leppla	27529 Pine Point Dr	Wesley Chapel FL 33544

REINSTATEMENT

FEB 22 2017

R. HUNT

10. E-mail Address: blepplahomes@gmail.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:

Burton C. Leppla

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/17

813-493-3061

Daytime Phone #