

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1 Corporation Name

LEH RAMALHO CORP

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

1238 MILITARY TRAIL

3. Mailing Office Address

1238 MILITARY TRAIL

Suite, Apt. #, etc

APT 1221

Suite, Apt. #, etc

APT 1221

City & State

DEERFIELD BEACH, FL

City & State

DEERFIELD BEACH, FL

Zip

33441

Country

US

Zip

33441

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

06/30/2020

5 FEI Number

UNKNOWN

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

LESIANE RAMALHO

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

1238 MILITARY TRAIL

Suite, Apt. #, Etc

APT 1221

City

DEERFIELD BEACH

State

FL

Zip Code

33441

JAN 03 2024

S. PRATHER

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

Date 10/28/2024

REGISTERED AGENT MUST SIGN

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	LESIANE RAMALHO	1238 MILITARY TRAIL APT 1221	DEERFIELD BEACH FL 33441

10 E-mail Address: CORPORATE@EAGLE-TAX.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:

LESIANE RAMALHO

10/28/2024

954-532-3842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #