

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JUN -9 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P9300067034

**1. Corporation Name**

LEOMAR MIAMI, INC.

**2. Principal Office Address**

819 LINCOLN ROAD

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-0447886

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 DOUGLAS STRATTON, ESQUIRE

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

407 LINCOLN ROAD

Suite, Apt. #, Etc.

2A

City

MIAMI BEACH

State

FL

Zip Code

33139

**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

*Douglas Stratton*  
REGISTERED AGENT MUST SIGN

Date 06/06/2003

**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
PRES	LEONARD MARCHINI	819 LINCOLN ROAD	MIAMI BEACH/FL/33139
VP	MARIO PATRONI	819 LINCOLN ROAD	MIAMI BEACH/FL/33139

**10. 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

06/06/2003 305 674 0350

Date

Daytime Phone #

CR2E081 (10/02)

2110



May 30, 2003

Florida Department of State  
Secretary of State  
Department of Corporations  
Attention: Corporation Reinstatement  
PO Box 6327  
Tallahassee, FL 32314

**RE: Document No. P9300067034**

To whom it may concern:

It has recently come to our attention that our corporation, document number referenced above is not current and has been subsequently dissolved.

The reason why it was dissolved is unclear to us, however, it is evident that the Uniform Business Report was not filed in the last 2 years due to non-receipt.

Please accept our apologies and accept our check No. 5705 in the amount of \$450.00 for the reinstatement fee.

Thank you in advance for your assistance and understanding.

Very truly yours,

Mario Patroni  
Vice President, Director

Enclosure

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Fax/ 305 674•0488  
819 Lincoln Road  
Miami Beach FL 33139  
Daleotrat@aol.com