

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

97 JAN 21 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000086685**

1. Corporation Name

LEANDRO SIGNS, INC.

Principal Place of Business

**7907 N.W. GAST
MIAMI FL 33166
US**

Mailing Address

**4870 DOCKSIDE DR
K
COCONUT CREEK FL 33063
US**



REINSTATEMENT *ghe*

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	12/20/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	65-0454683	
City & State		City & State		Applied For		Not Applicable
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P	FERNANDEZ, LEANDRO	4870 DUCKSIDE DR. #K	COCONUT CREEK FL 33063

800002067568--4
-01/24797--01041--010
****375.00 ****375.00

01-20-97

8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
FERNANDEZ, LEANDRO 4870 DUCKSIDE DR. #K COCONUT CREEK FL 33063				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				Suite, Apt. #, Etc.			
				City	State	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: _____ Date: 1/6/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: _____ Date: 1/6/97 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR