

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 AUG 21 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000006237**

1. Corporation Name

LEDMAR 1510, Corp.

W-13927

2. Principal Office Address

6995 NW 50 Street

Suite, Apt. #, etc.

2

City & State

Miami, FL 33166

Zip

33166

Country

USA

3. Mailing Office Address

6995 NW 50 Street

Suite, Apt. #, etc.

2

City & State

Miami, FL 33166

Zip

33166

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/26/94

5. FEI Number

65-0474909

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

Oscar A. Tortolero

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

7001 NW 16 St A-320

Suite, Apt. #, Etc.

A-320

City

Plantation

State
FL

Zip Code

33313

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

OSCAR A. TORTOLERO
REGISTERED AGENT MUST SIGN

Date **8-2-00**

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	Oscar A. Tortolero	7001 NW 16 St A-320	Plantation, FL 33313
			700003379957--1 -09/01/00--01028--019 ****300.00 ****300.00
			700003379957--1 -09/01/00--01028--020 ***1050.00 ***1050.00

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:

Oscar A. Tortolero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-00

Date

9543166588

Daytime Phone #