

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE  
Jeffrey B. M...  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 NOV -5 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P94000040277

1. Corporation Name

LEADER TECHNOLOGY, INC.

Principal Place of Business

255 EAST FLAGLER  
80  
MIAMI FL 33131  
US

Mailing Address

255 EAST FLAGLER  
80  
MIAMI FL 33131  
US

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

Suite, Apt. #, etc.

8820 SW 132ND PL #403D

Suite, Apt. #, etc.

# 403D

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33186

Country

Zip

33186

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/27/1994

5. FEI Number

65-0493555

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	NUMERIANO, CLAUDIO C	8912 S.W. 142ND STREET, SUITE 41	MIAMI FL 33186
			500002341975--2 -11/07/97--01104--004 ****165.00 ****165.00

8. Name and Address of Current Registered Agent

NUMERIANO, CLAUDIO C.  
255 EAST FLAGLER, SUITE 80  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

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

8820 SW 132ND PL

Suite, Apt. #, Etc.

# 403D

City

MIAMI

State

FL

Zip Code

33186

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

*Claudio C. Numeriano*

REGISTERED AGENT MUST SIGN

Date

11/03/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

*Claudio C. Numeriano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/03/97

Daytime Phone #

②

Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Dear Sir/Ms.:

Per instructions from the Division of Corporations, I am attaching a check in the amount of \$165.00 for the Annual Report fee.

I also state that I have not received the first notice from the Division of Corporations.

Thank you for your courtesy in this matter.

Claudio L. Nunez

President