

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**  
03 DEC 26 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P94000070964

**1. Corporation Name**

Leadership Development Center, Inc.

**2. Principal Office Address**

155 S. Edgewood Avenue

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32254

Country

**3. Mailing Office Address**

155 S. Edgewood Avenue

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32254

Country

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

September 27, 1994

**5. FEI Number**

593270478

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** 300025760793

Name

James M. Bleech

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

155 S. Edgewood Avenue

Suite, Apt. #, Etc.

City

Jacksonville

State  
**FL**

Zip Code

32254

**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

*James M. Bleech*

REGISTERED AGENT MUST SIGN

Date 12-17-03

**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
PTSD	James M. Bleech	133 Ocean Forest Drive, N.	Atlantic Beach, FL 32233

**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:**

*James M. Bleech*

James M. Bleech

12-17-03

(904) 387-8444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

December 15, 2003

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

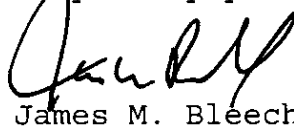
Re: LEADERSHIP DEVELOPMENT CENTER, INC.  
Corporation Reinstatement

Dear Sir or Madam:

Enclosed please find a Corporation Reinstatement document on behalf of the above-referenced corporation. Please note that the corporation was administratively dissolved on September 19, 2003 for failing to file its 2003 Uniform Business Report. Please note that the 2003 Uniform Business Report was not received by me as Registered Agent for the corporation because of a change of company address in late 2002. The address formerly used by me as Registered Agent for the corporation was 645 Mayport Road, Suite 6, Atlantic Beach, Florida 32233. Since late 2002, the new address has been 155 S. Edgewood Avenue, Jacksonville, Florida 32254. Accordingly, I hereby request reinstatement of the corporation and waiver of the reinstatement fee of \$600.00. I enclose a check payable to the Department of State in the amount of \$150.00 representing the 2003 Annual Report fee of \$61.25 and the corporate supplemental fee of \$88.75.

Your cooperation in this matter is greatly appreciated. Should you require any additional information regarding this matter, please feel free to contact me at any time at (904)387-8444 during normal business hours.

Very truly yours,



James M. Bleech