

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000015049

1. Corporation Name
LEON TECHNOLOGIES, INC.

Principal Place of Business

~~4556 NORTH HIATUS ROAD~~
SUNRISE F 33351
US

Mailing Address

~~4556 NORTH HIATUS ROAD~~
SUNRISE-FL 33351
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address (If Applicable)
~~8300 N.W. 46 COURT~~
Suite, Apt. #, etc.

City & State
LAUDERHILL, FLORIDA
Zip 33351 Country USA

3. New Mailing Office Address (If Applicable)
~~8300 N.W. 46 COURT~~
Suite, Apt. #, etc.

City & State
LAUDERHILL, FLORIDA
Zip 33351 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 02/22/1995

5. FEI Number 65-0656672

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
P	LEON, DAN	4556 NORTH HIATUS ROAD 8300 N.W. 46 COURT	SUNRISE-FL LAUDERHILL, FL
V	LEON, LAUREN	4556 NORTH HIATUS ROAD 8300 N.W. 46 COURT	SUNRISE-FL LAUDERHILL, FL

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****758.75 ****758.75

8. Name and Address of Current Registered Agent

LEON, DAN
~~4556 NORTH HIATUS ROAD~~
SUNRISE-FL 33351
8300 N.W. 46 COURT
LAUDERHILL, FL 33351

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-28-97

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:

[Signature] DANIEL LEON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-28-97

Date

954-572-8406

Daytime Phone #

CR2E040 (8/97)