

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 JUN 13 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000026828

1. Corporation Name

Leeward Rod Co.

300104319523
06/13/07--01032--006 **1800.00

REINSTATEMENT 98-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
7762 NW 71st Street

Suite, Apt. #, etc.

3. Mailing Office Address
7762 NW 71st Street

Suite, Apt. #, etc.

City & State
Miami, Florida

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Miami, Florida

Zip **33166** Country **US**

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4. Date Incorporated or Qualified
To Do Business in Florida **3/31/95**

5. FEI Number **650570563**

☐ 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
Albert Castro

Street Address (P.O. Box Number is Not Acceptable) **9800 SW 118th Street**

Suite, Apt. #, Etc.

City **Miami** State **FL** Zip Code **33176**

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date **6/11/07**

REGISTERED AGENT MUST SIGN

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	Albert Castro	9800 SW 118th Street	Miami, Florida 33176

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/07 305-513-3750

Date

Daytime Phone #

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