

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 23 AM 11:51

DOCUMENT # P 950000 34966

1. Corporation Name

LETAP CORPORATION

2. Principal Office Address

6560 RAMONA BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

6560 RAMONA BLVD

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32205

Country

USA

Zip

32205

Country

USA

800012238018

02/11/03--01011--002 **1358.75

99-03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

57-0122078

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

HUMBERTO HERNANDEZ PATRICK

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

6560 RAMONA BLVD

Suite, Apt. #, Etc.

JACKSON

City

State

FL

Zip Code

32205

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

1/23/03

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
President	HUMBERTO HERNANDEZ PATRICK	6560 RAMONA BLVD	JACKSONVILLE FL 32205

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03

Date

904-786-2794

Daytime Phone #

CR2081 (9/01)