PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 28 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State,
DIVISION OF CORPORATIONS

DOCUMENT # P95000044274

REINSTATEMENT 07-04

1. Corporation Name

Leolga Enterprises, Inc.

2. Principal Office Address		**3.** Mailing Office Address	
9557 Sunset Dr.		7765 S.W. 144 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33173	Country: USA	Zip: 33158	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0586751 ☐ 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: Leandro Puentes Jr.

200034017322
04/27/04--01031--019 **30.00

Street Address (P.O. Box Number is Not Acceptable): 7765 S.W. 144 Street

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33158

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: Leandro Puentes Jr. REGISTERED AGENT MUST SIGN

Date: 04/19/2004

CR2E081 (01/04)

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
PD	Leandro Puentes Jr.	7765 S.W. 144 Street	Miami, FL 33158
VD	Olga L. Puentes	7765 S.W. 144 Street	Miami, FL 33158

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: Olga Puentes, V.P. 04/19/2004 305-232-6216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #