

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 DEC -4 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**03**

DOCUMENT # **P95000058928**

1. Corporation Name

**LEON CLEANING SERVICE, INC.**

Principal Place of Business

Mailing Address

**2740 BUSINESS CENTER BLVD., STE 3  
MELBOURNE FL 32940**

**2740 BUSINESS CENTER BLVD., STE 3  
MELBOURNE FL 32940**

**REINSTATEMENT**



**500025219255**  
12/04/03--01013--032 \*\*236.25

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

2. New Principal Office Address, If Applicable

**1435 Ambra Dr.**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**1435 Ambra Dr.**

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

**07/28/1995**

5. -FEI Number-

**59-3327938**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

City & State  
**Melbourne, FL**

Zip **32940** Country **USA**

City & State  
**Melbourne, FL**

Zip **32940** Country **USA**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>OFF</del>	<del>CHRZANOWSKI, EUGENIA</del>	<del>4207 WOODHALL CIR</del>	<del>VERA FL 32955</del>
<del>OFF</del>	<del>CHRZANOWSKI, ELZBIETA K</del>	<del>4207 WOODHALL CIR</del>	<del>VERA FL 32955</del>
<b>P</b>	<b>CHRZANOWSKI, Elzbieta</b>	<b>1435 Ambra Dr</b>	<b>Melbourne, FL 32955</b>

8. Name and Address of Current Registered Agent

**CHRZANOWSKI, ELZBIETA K  
2740 BUSINESS CENTER BLVD., STE 3  
MELBOURNE FL 32940**

9. Name and Address of New Registered Agent

Name **Elzbieta Chrzanowski**

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

**1435 Ambra Dr.**

Suite, Apt. #, Etc.

City **Melbourne**

State **FL**

Zip Code **32940**

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. or 617.0505, F.S.

Signature of  
Registered Agent

**X Elzbieta Chrzanowski**

REGISTERED AGENT MUST SIGN

Date

**11-24-03**

11. 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:

**X Elzbieta Chrzanowski**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**11-24-03**

Daytime Phone #

CR2E040 (7/03)