

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000062615

1. Corporation Name

LEYDAN INTERNATIONAL BUSINESS INC.

Principal Place of Business

4160 W 16 AVE
SUITE 402
HIALEAH FL 33012

Mailing Address

4160 W 16 AVE
SUITE 402
HIALEAH FL 33012

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/1995

5. FEI Number

65-0643392

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	VALDES, JUAN E	4160 W 16 AVE SUITE 402	HIALEAH FL 33012

4000008840944
11/06/02--01142--025 **150.00

02 UBR

8. Name and Address of Current Registered Agent

VALDES, JUAN E
4160 W 16 AVE
SUITE 402
HIALEAH FL 33012

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10 30 02

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:

SIGNATURE OF JUAN E. VALDES, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-225-1985

10 30 02

Juan E. Valdes
ATTORNEY AT LAW

4160 W. 16th Avenue, Suite 402, Hialeah, Florida 33012
Tel (305) 825-1985 Fax (305) 825-2948
e-mail: ValdesJuan@aol.com

Prayer

November 1, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: LEYDAN INTERNATIONAL BUSINESS, INC.

Dear Sir or Madam:

Enclosed please find check, issued to Department of State, in the amount of \$150.00 for filing the attached Application for Reinstatement.

We are hereby requesting that the late charge fee be waived due to the fact that we never received the corresponding Annual Report and we respectfully request in order to avoid mailing delivery problems in the future that the mailing address be changed to the office of our Accountant:

**Julian Hernandez
1150 N.W. 72 Ave., Suite 555
Miami, FL 33126**

Thank you for your cooperation on this matter.

Very truly yours,


JUAN E. VALDES, ESQUIRE

JEV/cc

Enclosures