


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000065121

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1. Corporation Name
LEEPER-HARRIS, INC.

Principal Place of Business 123 DOUGLAS ST NEW SMYRNA BEACH FL 32168	Mailing Address 123 DOUGLAS ST NEW SMYRNA BEACH FL 32168
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 08/18/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-3329764
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	LEEPER, BORIS M.	806 NORTH PENINSULA DRIVE	NEW SMYRNA BEACH FL
P	HARRIS, JEAN	123 DOUGLAS	NEW SMYRNA Bch. FL. 32168
T	HARRIS, EDWARD N.	1223 DOUGLAS ST. 123 DOUGLAS	NEW SMYRNA Bch FL NEW SMYRNA Bch. FL. 32168
M	MARTIN, MEGHAN	719 Phyllis Ave	NEW SMYRNA Bch. FL 32168

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8. Name and Address of Current Registered Agent PEIRSOL, FREDERICK W 101 SOUTHWALL LANE, SUITE 400 MAITLAND FL 32751	9. Name and Address of New Registered Agent Name: Rick Kolodinsky Street Address (P.O. Box Number is Not Acceptable): 707 E 3rd Ave Suite, Apt. #, Etc.: City: New Smyrna Beach State: FL Zip Code: 32169
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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.

Signature of Registered Agent: *Rick Kolodinsky* Date: 10/30/01

REGISTERED AGENT MUST SIGN

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: *Meghan Martin* MEGHAN MARTIN 10/31/01 (386) 428-1132

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

CR2E040 (8/01)

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ARTS ON DOUGLAS  FINE ART AND COLLECTIBLES
123 Douglas Street New Smyrna Beach, Florida 32168 USA

October 31, 2001

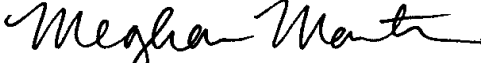
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This letter is to request waving the corporation reinstatement fees for Leeper-Harris, Inc. (ID # 59-3329764). To the best of my knowledge, the Uniform Business Report was not received at 123 Douglas Street, New Smyrna Beach, FL 32168.

It was never the intention of the corporation not to file and pay its dues. In the past 6 years, we have filed and paid in a timely manner and intend to do so in the future.

Thank you for your consideration,



Meghan Martin
Gallery Manager