

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
01-02-143R
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 20 PM 4:00

DOCUMENT # **P95000078383**

1. Corporation Name

L.D.L.E., INC.

Principal Place of Business

**513 PALM DRIVE
HALLANDALE FL 33009**

Mailing Address

**513 PALM DRIVE
HALLANDALE FL 33009**



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

10/12/1995

5. FEI Number

65-0616898

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for 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
D	BIANCULLI, LOUIS R	513 PALM DRIVE	HALLANDALE FL 33009
D	BIANCULLI, DORIS	513 PALM DRIVE	HALLANDALE FL 33009

000005000300-5

-03/11/02--01063--013

******300.00 ****300.00**

8. Name and Address of Current Registered Agent

**FABRIKANT, MICHAEL R
2500 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009**

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

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.

FRIEDMAN-ALPHEA GREEN

Signature of
Registered Agent

Date

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:

Louis R. Bianculli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres

Date

Daytime Phone #

2/16/02

954.454-6320

CR20040 (8-01)

2

FRIEDMAN
ALPREN &
GREEN LLP

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

1700 BROADWAY
NEW YORK, NY 10019
212-582-1600
FAX 212-265-4761
www.nyccpas.com

January 17, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: L.D.L.E., Inc.
Doc. #: P95000078383

Gentlemen:

The above referenced corporation was recently issued a revocation notice due to failure to file its annual report for 2001.

Please be advised that for the previous years the Corporation sent us the preprinted annual reports for reviewing prior to filing. However, for 2001, the Corporation did not receive the annual report from your office. The Corporation is simply an investor and does not maintain an office staff. The non receipt of the above report thus went unnoticed.

Enclosed therefore find the Application for Reinstatement together with the annual fee for ~~\$150~~. Kindly refrain from assessing the reinstatement fee.

Thank you for your cooperation on this matter. If you should have any questions, please contact Mr. John Fletouris of this office.

Very truly yours,

Friedman Alpren & Green LLP
Friedman Alpren & Green LLP

FAG:rs
jf:3239
Encl.

cc: Louis Bianculli

Contributed
to
300.00