

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000078383

1. Corporation Name

L.D.L.E., Inc.

2. Principal Office Address - No P.O. Box #

513 Palm Drive

Suite, Apt. #, etc.

City & State

Hallandale, FL

Zip

33009

Country

USA

3. Mailing Office Address

513 Palm Drive

Suite, Apt. #, etc.

City & State

Hallandale, FL

Zip

33009

Country

USA

7. Name and Address of Current Registered Agent

Name

Dade County Corporate Agents, Inc.

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

18901 NE 29th Avenue

Suite, Apt. #, Etc.

Suite 100

City

Aventura

State

FL

Zip Code

33180

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

Louis R. Bianculli
PRES.
DADE COUNTY CORPORATE AGENTS INC.
REGISTERED AGENT MUST SIGN

Date

9/5/08

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
D	Louis Bianculli	513 Palm Drive	Hallandale, FL 33009
D	Doris Bianculli	513 Palm Drive	Hallandale, FL 33009

REINSTATEMENT

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 contained in Chapter 119, 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

LOUIS R. BIANCULLI

Date

9/5/08 805.933
2000

Daytime Phone #

FILED

08 SEP -8 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600135969986
09/16/08--01021--017 **1200.00

600135969986
09/16/08--01021--018 **8.75

CR2E081 (12/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/12/1995

5. FEI Number

650616898

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.