

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000089584

1. Corporation Name

Ronald B. Leonard Inc.

Principal Place of Business

Mailing Address

101040-Gortez-Road-West-

Bradenton, FL-34210-

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

2. New Principal Office Address, If Applicable  
10834 Kings Bridge Road

3. New Mailing Office Address, If Applicable  
10834 Kings Bridge Road

Suite, Apt #, etc

Suite, Apt #, etc

City & State  
Port Richey, Florida

City & State  
Port Richey, Florida

Zip  
34668

Country  
Pasco

Zip  
34668

Country  
Pasco

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

11/20/1995

5. FEL Number

59-3343658

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Ronald B. Leonard	10834 Kings Bridge Road	Port Richey, FL 34668

8. Name and Address of Current Registered Agent

Ronald B. Leonard  
4545-Gortez-Blvd-  
-Bradenton, FL-34210-

9. Name and Address of New Registered Agent

Name  
*Ronald B. Leonard*  
Street Address (P.O. Box Number is Not Acceptable)  
10834 Kings Bridge Road  
Suite, Apt #, Etc.

City  
Port Richey

State  
FL

Zip Code  
34668

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

*Ronald B. Leonard*  
REGISTERED AGENT MUST SIGN

Date 2-15-99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax)

12. 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:

*Ronald B. Leonard*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-99  
Date

941-7306197  
Daytime Phone #

CR2E081 (12/98)