



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

97 JAN -7 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

[illegible]

### Mailing Address

PO BOX 2631  
MARCO ISLAND FL 33969

# REINSTATEMENT

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

12/13/1995

Suite, Apt. #, etc.

City &amp; State

Country

**Zip**

Country

5. FEI Number

Applied For

65-0629954

Not Applicable

6. **CERTIFICATE OF STATUS DESIRED** ☐ **\$8.75 Additional Fee required for a Certificate of Status**

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	LEONIA, KEITH	141 LELAND WAY	MARCO ISLAND FL 33989
			100002052881--5 -01/09/97--01086--002 *****375.00 *****375.00
			100002052881--5 -01/09/97--01086--002 *****375.00 *****375.00
			100002052881--5 -01/09/97--01086--002 *****375.00 *****375.00 100002052881--5 -01/09/97--01086--002 *****375.00 *****375.00

**9. Name and Address of New Registered Agent**

Name \_\_\_\_\_

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Date \_\_\_\_\_

~~REGISTERED AGENT MUST SIGN~~

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

0005040

AF