

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
1998 FOR AR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 NOV 16 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000032772

1. Corporation Name

LEAPFROG SMART PRODUCTS, INC.

Principal Place of Business

545 DELANEY AVE., BLDG. 2
ORLANDO FL 32801

Mailing Address

545 DELANEY AVE., BLDG. 2
ORLANDO FL 32801



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

04/11/1996

5. FEI Number

59-3371343

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)

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
P	TUCKER, RANDOLPH	1102 ELMWOOD ST. #B	ORLANDO FL 32801
VPS	GROGAN, DALE	545 DELANEY AVE., BLDG. 2	ORLANDO FL 32801
T	MACKAY, GEORGE	501 PAWNEE TRAIL	MAITLAND FL 32751

200002688732--1.
-11/16/98--01136--001
1117.50 *558.75

8. Name and Address of Current Registered Agent

GROGAN, DALE
545 DELANEY AVE., BLDG. 2
ORLANDO FL 32801

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

Nov. 13, 1998

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature: *[Signature]* Tucker 11-13-98 407-812-1161

CR2ED00 (9/98)



545 Delaney Avenue
Building 2
P. O. Box 1888
Orlando, FL 32802-1888
(407) 872-1161
FAX (407) 872-0508
www.leapfrog-smart.com

PERSONAL AND CONFIDENTIAL

Mr. Dave Mann
Director
State of Florida
Division of Corporations
409 East Gaines Street
Tallahassee, FL. 32399

RE: Leapfrog Smart Products, Inc.
Leapfrog Healthcare Products, Inc.
1998 Annual Report

Dear Mr. Mann:

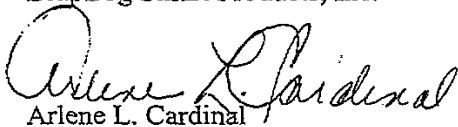
In accordance with recent conversation with the Division of Corporations, we do not have a record of having received notices regarding the filing of the captioned report for 1998.

During those conversations we have been instructed to forward the completed and executed documents to your attention along with our check in the amount of \$1,117.50 to cover the two corporations' annual reporting fee, along with the \$8.75 per corporation for a Certificate of Status.

Should there be any questions, please do not hesitate to contact me directly. Thank you for your assistance.

Sincerely,

Leapfrog Smart Products, Inc.


Arlene L. Cardinal
Office Manager

/alc
Encls. Annual Report & Check