

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 12 AM 7:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000036469

1. Corporation Name

LEIGH ESSEX SCIENTIFIC INC

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

1802 TORRINGTON CIR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

City & State

Zip

Country

32750-2817

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

4.26.96

5. FEI Number

59-3375215

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 07-10

CR2E081 (11/09)

7. Name and Address of Current Registered Agent

Name

NORMA I. LONGSTRETH

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

1802 TORRINGTON CIR

Suite, Apt. #, Etc.

City

LONGWOOD

State

FL

Zip Code

32750

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.

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

Norma I Longstretth
REGISTERED AGENT MUST SIGN

Date 3-27-10

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
P	<u>NORMA I LONGSTRETH</u>	<u>1802 TORRINGTON CIR</u>	<u>LONGWOOD, FL 32750</u>
VP	<u>EDWARD LONGSTRETH</u>	<u>1802 TORRINGTON CIR</u>	<u>LONGWOOD, FL 32750</u>
			<u>900175181449</u> <u>04/08/10--01034--005 **600.00</u>
			<u>900175181449</u> <u>04/08/10--01034--006 **8.75</u>
	<u><i>duh</i></u>		

10. E-mail Address: ~~le~~ lesci@enbar@gmail.com

(To be used for future annual report notification)

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. I further certify, 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: *Edward Longstretth* EDWARD LONGSTRETH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-10 407-687-0355

Date Daytime Phone #