APPLICATION FOR REÏNSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

P96000041107 **DOCUMENT#**

1. Corporation Name

LEEBUILT CONSTRUCTION CORP.

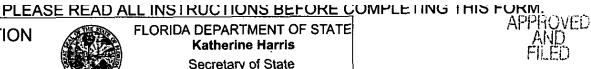
Principal Place of Business

Mailing Address

9578 CARISSA RD

BOYNTON BCH FL 33436

9578 CARISSA RD BOYNTON BCH FL 33436



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SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above ac	ddresses are	incorrect in any way, line thro	ugh incorrect in	formation a	and enter corre	ction below.					
2. New Principal Office Address, If Applicable 4071 MANOR FOREST TRAIL 4071 MI				ng Office Address, If Applicable ANOR FOREST TRAIL			Date Incorporated or Qualified To Do Business in Florida 05/14/1996				
Suite, Apt. #, etc Suite, Apt. #,			etc.			5. FEI Number	umber Applied For				
City & State BOYNTON BCH FL 33436 City &			City & State	ITON	BEAC	H FL,	1	65-0679457 Not Applie		Not Applicable	
Zip 33436 Country			Zip 3343	36	Country		6. CERTIFICATE	SATE 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)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3				City / State / Zip			
D	LEE, NICHOLAS H			9578 CARISSA RD			BOYNTON BCH F	L			
PST	LEE, NICHOLAS H			9578 CARISSA RD				BOYNTON BCH FL			
							71	0000340 -1171570	5381 00102	<u>9010 </u>	
								****758	.75 ***	**758.75 _	
	REMSTATI						WENT	000	N N		
				HEMAS IV.				λ	4		
8. Name and Address of Current Registered Agent						9. Name and Address of New Registers A. Agent					
• • •					, N	Name					
LEE, NICHOLAS H 9578 CARISSA RD					Street Address (P.O. Box Number is Not Acceptable)						
BOYNTON BCH FL 33436				Suite, Apt. #, Etc.).				
			·	,	ţ	ity			State Zip (Code	
10. I, being Signature o Registered	of	e registered agent of the afo	Kin	R		nd accept the c	obligations of Sect	_	17-OC	<u> </u>	
<u> </u>		RE	GISTERED AG	ENT MUS	TSIGN						
this rein owed by	statement ap y the corpora	officer or director or the receive plication, the reason for dissolution have been paid and the retrue and accurate, and my sign.	lution has been ames of individ	eliminated luals listed	d, the corporate on this form d	e name satisfies o not qualify for	s the requirements r an exemption un	of section 607.0401 or	617.0401, F.S	S., that all fees	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR