PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

00 OCT 26 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000041107**

1. Corporation Name

LEEBUILT CONSTRUCTION CORP.

Principal Place of Business	Mailing Address
9578 CARISSA RD BOYNTON BCH FL 33436 US	9578 CARISSA RD BOYNTON BCH FL 33436 US

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
4071 MANOR FOREST TRAIL	4071 MANOR FOREST TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOYNTON BCH FL 33436	City & State: BOYNTON BEACH FL.
Zip: 33436 Country	Zip: 33436 Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/14/1996

5. FEI Number: 65-0679457 ☐ 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 3	City / State / Zip 4
D	LEE, NICHOLAS H	9578 CARISSA RD	BOYNTON BCH FL
PST	LEE, NICHOLAS H	9578 CARISSA RD	BOYNTON BCH FL

700003463817--4
-11/15/00--01029--010
****758.75 ****758.75

REINSTATEMENT 2000

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LEE, NICHOLAS H 9578 CARISSA RD BOYNTON BCH FL 33436	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/00)

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: Nicholas Lee SIGNATURE REQUIRED Date: 10-17-00

REGISTERED AGENT MUST SIGN

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 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: Nicholas Lee SIGNATURE REQUIRED 10-17-00 5617164856

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073833 AF