

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 # P97000001242

1. Corporation Name

LEAPFROG HEALTH CARE PRODUCTS INC.

Principal Place of Business

Mailing Address

545 DELANEY AVENUE  
BUILDING 2  
ORLANDO FL 32801

545 DELANEY AVENUE  
BUILDING 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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/02/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For  
☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	TUCKER, RANDOLPH	545 S DELANEY BLDG 2	ORLANDO FL 32801
D	MURPHY, JEFFREY	545 S DELANEY BLDG 2	ORLANDO FL 32801

700002688737-5  
-11/16/98-01136-001  
\*\*\*1117.50 \*\*\*558.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TUCKER, RANDOLPH  
545 S DELANEY STREET BLDG 2  
ORLANDO FL 32801

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

*Randolph Tucker*

REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

*Randolph Tucker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-13-98 402872-1161

CR2E040 (9/98)

2



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