PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR The state of t REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P97000008994 **DOCUMENT#**

1. Corporation Name

LEO AUTO SALES & TRANSPORT INC.

Principal Place of Business

Mailing Address

FILED

00 MAR 30 PM 4: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Daytime Phone #

ORLANDO F	inge besmit El 32805	t		ORLANDO FL 32805							
If above a	addresses are	incorrect in any w	av. line through incorrect is	nformation a	ind enter o	correction below.	reins	TATEME		98-10	
If above addresses are incorrect in any way, line through incorrect information and enter correction to 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable							Date Incorporated or Qualified To Do Business in Florida 01/24/1997				
Suite, Apt. #, etc. Suite,				Apt. #, etc.			5. FEI Number Applied For				
City & State	9		City & State	City & State			59-3	59-3 4747/0 Not Applicable			
Zip		Country .	Zip		Country	,	6. CERTIFICAT	TE OF STATUS DESIRED		Additional Fee required	
7. Names	and Street Ad	dresses of Each O	fficer and/or Director (Flo	rida nonprol							
Title(s) Name of Officers and/or Directors				3 (Do	Off	eet Address of Eac icer and/or Directo Post Office Box N	r	4	city / Stat	e / Zip	
P		JIA K). SiveRA	212	/ S.	ORDNJE B	ELSN TEAR	Oelsoo, Fl	3	2805	
							<u> </u>				
							S	000032 -04/11/0	031 UU	7782 091013	
										***1050.00	
			· 1641W.								
-				-				,	Pe	•	
	8. Nam	e and Address o	f Current Registered Ag	ent	 -		9. Name and	Address of New Regis	stered A	ğent	
Dr. ÆD.						Name			_ •		
	Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporation) Name of Officers and/or Directors 2 3 (Do NOT L. 2 / 2 / 3			Street Address (P.O. Box Number is Not Acceptable)							
						Suite, Apt. #, Etc.					
						City			State FL	Zip Code	
10. I, being	appointed th	_		7 <u> </u>			obligations of Sec	tion 607.0505, F.S.			
		SIG	REGISTERED	ENT MUST	SIGN	JIRED		Date			
						ar Yes 🗆	No □			for information jible tax.)	
this rein	statement apport	plication, the reaso	n for dissolution has been	n eliminated, duals listed o	the corpo	rate name satisfies m do not qualify for	s the requirement r an exemption u	ts of section 607.0401 o	r 617.040	01, F.S., that all fees	