

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 15 PM 1:49

DOCUMENT # 997000059913

1. Corporation Name

LEON PROPERTIES, INC.

200023284152
09/23/03--01048--013 **1200.00

2. Principal Office Address

6173 BRADFORDVILLE Rd.

3. Mailing Office Address

6173 BRADFORDVILLE Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL.

City & State

TALLAHASSEE FL.

Zip

32309

Country

LEON

Zip

32309

Country

LEON

REINSTATEMENT

00-03

4. Date Incorporated or Qualified
To Do Business in Florida

July 9, 1997

5. FEI Number

59-3456618

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOSEPH G. BRIGGS

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

6173 BRADFORDVILLE Rd.

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32309-6619

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

Joseph G. Briggs

REGISTERED AGENT MUST SIGN

Date 9/15/03

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
President	Joseph G. Briggs	6173 BRADFORDVILLE Rd.	TALLAHASSEE FL. 32309

10. 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:

Joseph G. Briggs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/03

Date

850-508-6655

Daytime Phone #