

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

59 APR 23 AM 9:12

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **DA7000061616**
 1. Corporation Name
LENIET TWO CORPORATION

Principal Place of Business Mailing Address
29421 SW 152ND AVE
LEISURE CITY FL
33033-2847

800002856568--9
 -04/29/99--01072--026
 *****8.75 *****8.75
 800002856568--9
 -04/29/99--01072--027
 ****150.00 ****150.00
 800002856568--9
 -04/29/99--01072--028
 ****160.00 ****160.00

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
 Suite, Apt. #, etc. Suite, Apt. #, etc. 7-16-97
 City & State City & State
 Zip Country Zip Country
 5. FEI Number Applied For
65-0910659 Not Applicable
 B. 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)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
SEC	REINALDO LEON	29421 SW 152ND AVE	LEISURE CITY, FL 33033-2847
TREAS	MARTHA LEON	29421 SW 152ND AVE	LEISURE CITY, FL 33033-2847
PRES	MIRIAM NIETO	29421 SW 152ND AVE	LEISURE CITY, FL 33033-2847
VP	RICHARD ALVAREZ GUERRA	29421 SW 152ND AVE	LEISURE CITY, FL 33033-2847

8. Name and Address of Current Registered Agent
REINALDO LEON
29421 SW 152ND AVE
LEISURE CITY, FL 33033-2847

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State 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 **REINALDO LEON** REGISTERED AGENT MUST SIGN Date **4-16-99**

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 119.0713(1), 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: **REINALDO LEON** AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4-16-99** 305-247-5734 Daytime Phone #