

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

~~APPLICATION~~
~~FOR~~
~~REINSTATEMENT~~



200004BR
FLORIDA DEPARTMENT OF STATE
Catherine L. Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 15 PM 12: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000090769

1. Corporation Name

LEANNI DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

8 CRAFTON CT.
PALM COAST FL 32137

P.O. BOX 265
BALDWIN PLACE NY 10505



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.		10/22/1997	
City & State		City & State		5. FEI Number	
Zip		Country		59-3478194	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	LUPINACCI, NICHOLAS	P O BOX 265 N/A	BALDWIN PLACE NY 20505
D	LUPINACCI, JANET	P O BOX 265 N/A	BALDWIN PLACE NY 20505

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****158.75 ****158.75
SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHIUMENTO, MICHAEL D
4 OLD KINGS RD., N.
PALM COAST FL 32137

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 _____ Date _____
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:

Janet Lupinacci
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(914) 277-8000
Daytime Phone #

2062

Michael J. Mazzola, CPA P.C.

338 Route 100
Somers, NY 10589
Tel (914)277-8000
Fax (914)277-4188

November 1, 2000

Division of Corporations
Annual Report / Reinstatement Section
PO Box 6327
Tallahassee, Fl. 32314-6327

Re: Leanni Development Corporation
EIN: 59-3478194

Dear Sir or Madam:

Please find my client's application for reinstatement along with their check #665 in the amount of \$750.

Unfortunately, my client has come down with cancer and has been treated by Sloan Kettering Center in Manhattan, NY since January 2000. At one point when things looked good my client went to Florida to handle his business affairs only to be Lear jetted back to New York and put on life support to battle his cancer. It was not due to neglect but necessity that my client failed to file their 2000 corporation annual report.

My client is still in grave danger, however once his family received your notice they acted and are sending the above mentioned check. Please take this situation into account and reinstate their corporation and at all if possible waive the penalty.

Thank you for your understanding.

Sincerely,



Michael J. Mazzola CPA