

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000107343

1. Entity Name
LEVAL, INC.



Principal Place of Business
1725 SW 10TH AVE.
CAPE CORAL, FL 33991

Mailing Address
1725 SW 10TH AVE.
CAPE CORAL, FL 33991

2. Principal Place of Business - No P.O. Box #
1725 SW 10TH AVE
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
CAPE CORAL, FL.
Zip
33991 Country
LEE

City & State
CAPE CORAL, FL.
Zip
33991 Country
LEE

4. FEI Number
65-0801042

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LELEUX, DANNY
1725 SW 10TH AVE
CAPE CORAL, FL 33991

7. Name and Address of New Registered Agent

Name
Necia Leleux
Street Address (P.O. Box Number is Not Acceptable)
1725 SW 10TH AVE.
City
CAPE CORAL FL Zip Code
33991

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Necia Leleux

(NOTE: Registered Agent signature required when reinstating)

10-30-08

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
P, V
LELEUX, DANNY
STREET ADDRESS
1725 SW 10TH AVENUE
CITY-ST-ZIP
CAPE CORAL, FL 33991 ☐ Delete

TITLE
NAME
S, T
LELEUX, NECIA
STREET ADDRESS
1725 SW 10TH AVENUE
CITY-ST-ZIP
CAPE CORAL, FL 33991 ☐ Delete

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Necia Leleux 10/30/08 (239) 573-1619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 NOV -3 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2008