

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY 30 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000022084

1. Corporation Name
Licensing Enterprises International, Inc.

2. Principal Office Address
PO Box 159

Suite, Apt. #, etc.

City & State
Melbourne, FL

Zip
32902-0159

Country
USA

3. Mailing Office Address
PO Box 159

Suite, Apt. #, etc.

City & State
Melbourne, FL 32902-0159

Zip
32902-0159

Country
USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida** **3/9/98**

5. FEI Number
58-3509858

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
Erik P. Shuman

Street Address (P.O. Box Number is Not Acceptable)
1499 S. Harbor City Blvd., Suite 201

Suite, Apt. #, Etc.

City
Melbourne

State
FL

Zip Code
32901

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**

Date

REGISTERED AGENT MUST SIGN

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
DPST	Elizabeth Boyd	3270 Suntree Blvd., #110	Melbourne, FL 32940

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-407-258-1861

5-22-2000