

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 NOV 63 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000066676

1. Corporation Name

LEADING EDGE TECHNOLOGIES, INC.

Principal Place of Business

2910 BARRET AVENUE
PLANT CITY FL 33567

Mailing Address

2910 BARRET AVENUE
PLANT CITY FL 33567

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2700 INTERSTATE DRIVE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

LAKELAND, FL

City & State

Zip

33805

Country

USA

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/1998

5. FEI Number

65-0856091

Applied For

Not Applicable

6. 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PRES	ROBERT W. SINGLETON.	2910 BARRET AVE	PLANT CITY, FL 33567
SECRETRE	JOCK G. TERRY.	2870 GRASSLANDS DR.	LAKELAND, FL 33803
DIRECTOR	ALBERT M. JARRELL.	5916 PIER PLAKE DR.	LAKELAND, FL 33813.
DIRECTOR	CRAG NELSON.	735 GLENGARY DR.	MELBOURNE FL 32940.
			100003046431--6
			-11/16/99--01101--013
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

SINGLETON, ROBERT W
2910 BARRET AVENUE
PLANT CITY FL 33567

9. Name and Address of New Registered Agent

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

Robert W. Singleton

REGISTERED AGENT MUST SIGN

Date

11-2-99

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:

Robert W. Singleton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-2-99

Daytime Phone #

KE

CR20040 (8/99)