

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Leyva Corporation

FILED

04 APR 28 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified 9/11/1998
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FBI Number applied for

Applied For
Not Applicable

21 1428 Brickell Avenue

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 206

27

City & State

City & State

23 Miami FL

28

Zip

County

Zip

County

24 33131

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29

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name
Julio Manguart

82 Street Address (P.O. Box Number is Not Acceptable)
1428 Brickell Avenue

83 Suite 206

84 City
Miami

FL

85 Zip Code
33131

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Julio Manguart*
Signature, typed or printed name of registered agent and title if applicable.

Julio Manguart

(NOTE: Registered Agent signature required when reinstating)

4/26/04

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P. D. ☐ DELETE
NAME JOSE ANTONIO LEYVA CRUMP
STREET ADDRESS 1428 Brickell Avenue
CITY-ST-ZIP Miami, FL 33131

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 900035786649
1.4 CITY-ST-ZIP 05/07/04--01095--020 **8.75

TITLE D. ☐ DELETE
NAME ROSALIN DE HART DE LEYVA
STREET ADDRESS 1428 Brickell Avenue
CITY-ST-ZIP Miami, FL 33131

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 900035786649
2.4 CITY-ST-ZIP 05/07/04--01095--021 **1050.00

TITLE D. ☐ DELETE
NAME MARIA PATRICIA LEYVA DE
STREET ADDRESS HART
CITY-ST-ZIP 1428 Brickell Avenue MIAMI FL 33131

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, or on attachment with an address.

SIGNATURE *Julio Manguart*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julio Manguart

4/26/04

Date

305-372-8889

Daytime Phone #