

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 13 PM 12:48

DOCUMENT # **P990000011402**

1. Corporation Name

LECORP. NET, CO.

300003436463--5
-10/24/00--01041--004
****758.75 ****758.75

REINSTATEMENT

2. Principal Office Address

9000 SW 87TH CT.

Suite, Apt. #, etc.

SUITE 219

City & State

MIAMI, FL

Zip

33176

Country

U.S.A.

3. Mailing Office Address

9000 SW 87TH CT.

Suite, Apt. #, etc.

SUITE 219

City & State

MIAMI, FL

Zip

33176

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

02-01-1999

5. FEI Number

65-0891561

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

AILEEN LENGYEL

Street Address (P.O. Box Number is Not Acceptable)

9000 SW 87TH COURT

Suite, Apt. #, Etc.

SUITE 219

City

MIAMI,

State

FL

Zip Code

33176

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

Aileen Lengyel

REGISTERED AGENT MUST SIGN

Date

10-08-00

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
P/S	AILEEN LENGYEL	10911 LAKEVIEW S. DR. POWERS PINE, FL 33026	POWERS PINE, FL 33026
Y	PAUL LENGYEL	9000 SW 87 TH CT, #219	MIAMI, FL 33176

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:

Aileen Lengyel

AILEEN LENGYEL

Date

10-08-00

(365)

Daytime Phone #

275-2551