

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -1 PM 6:02

DOCUMENT # P99000015759

1. Corporation Name

THE DI LEO GROUP, INC.

Principal Place of Business

1729 E. COMMERCIAL BLVD., SUITE 323
FT. LAUDERDALE FL 33334

Mailing Address

1729 E. COMMERCIAL BLVD., SUITE 323
FT. LAUDERDALE FL 33334



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/10/1999

5. FEI Number

65-0892081

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres.	Jason Di Leo	1729 E. Comm. Blvd. Suite 323	Ft. Laud. FL 33334

100003469531--1
-11/20/00--01013--001
***150.00 ***150.00

8. Name and Address of Current Registered Agent

DI LEO, JASON
1729 E. COMMERCIAL BLVD., SUITE 323
FT. LAUDERDALE FL 33334

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

REGISTERED AGENT MUST SIGN

Date 10-30-00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-00 (954)202-7761

Date

Daytime Phone #

CR2E040 (8/00)

(2)

Letter to Reinstate Corporation

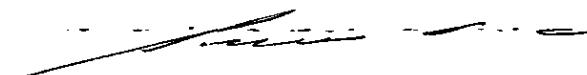
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

10/30/00

I Jason Di leo am writing this letter in the explanation for not filing the proper documents within the dead line that was set forth. The reason is very simple, I did not receive the paper work for the filing. Please accept my plea to reinstate my Corporation (The Di Leo Group Inc.).

If there are any questions please feel free to call me anytime. Thank you for your understanding and time.

IN GOOD HEALTH,



JASON DI LEO

PH# 954-202-7761