

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 15 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

W. G. Leahy & Associates Inc.

2. Principal Office Address

5100 North Federal Highway

3. Mailing Office Address

same as principal

Suite, Apt. #, etc.

Suite 404

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Zip

33308

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1997

5. FEI Number

65-0907444

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

William G. Leahy

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

5100 North Federal Highway

Suite, Apt. #, Etc.

Suite 404

City

Fort Lauderdale

State

FL

Zip Code

33308

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

William G. Leahy

REGISTERED AGENT MUST SIGN

Date

4/10/03

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
President	William G. Leahy	5100 N. Federal Highway Suite 404	Fort Lauderdale, FL 33308

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

4-10-03

Daytime Phone #

954-484-9377

CR2E081 (10/02)



April 10, 2003

Florida Dept. of State
Division of Corporations
Secretary of State
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

Having never received the 2002 business filing Uniform Business Report, I am requesting reinstatement of my corporation, W.G. Leahy & Associates Inc. I was unaware that this was not filed in 2002. After speaking with your office, I was informed that I could reinstate the corporation by paying last years \$150.00 filing fee along with this years \$150.00 filing fee, which I have enclosed. The document number for the referenced corporation is P9900002279.

If you require any further information please contact me at the number below.

Regards,

William G. Leahy
President
W.G. Leahy & Associates

WL:mg

Enclosed