PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 0010

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT -5 PM 2:12

DOCUMENT # P99000043030

1. Corporation Name
LEO'S CAR REPAIRS INC.

2. Principal Office Address	3. Mailing Office Address
1508 SE 10TH STREET	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CAPE CORAL, FL	City & State
Zip: 33990 Country: LEE	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/06/1999

5. FEI Number: 65-0920025 ☐ 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: ALBERTO F. BELEVO

Street Address (P.O. Box Number Is Not Acceptable): 1508 SE 10TH STREET

Suite, Apt. #, Etc.:

City: CAPE CORAL State: FL Zip Code: 33990

000046385283--4
-10/17/01--01001--009
****300.00 ****300.00

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: Alberto F. B. Date: 10/1/2001
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
PRES.	ALBERTO F. BELEVO	216 SE. 27 STREET	CAPE CORAL, FL. 33904
TREAS	JOVITA BELEVO	216 SE. 27 STREET	CAPE CORAL, FL. 33904

10/11

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: Alberto F. B. 10/1/2001 (941) 573-4287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #