

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 17 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

LEEWARD ENTERPRISES, INC.

P 99 00 00 61 625

REINSTATEMENT 00-04

200036525162
05/17/04--01082--028 **1350.00

2. Principal Office Address

5050 10th Ave. N.

Suite, Apt. #, etc.

"B"

3. Mailing Office Address

5050 10th Ave. N.

Suite, Apt. #, etc.

"B"

City & State

LAKE WORTH FL

Zip

33463

Country

USA

City & State

LAKE WORTH FL

Zip

33463

Country

USA

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

07/12/1999

5. FEI Number

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

MICKI S. O'CALLAGHAN

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

2325 CURLEY CUT

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33411

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

Micki S. O'Callaghan

REGISTERED AGENT MUST SIGN

Date

5/7/04

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	MICKI S. O'CALLAGHAN	2325 CURLEY CUT WPB	FL 33411
SEC	MICKI S. O'CALLAGHAN	2325 CURLEY CUT	WPB FL 33411
TREAS.	MICKI S. O'CALLAGHAN	2325 CURLEY CUT	WPB FL 33411

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:

Micki S. O'Callaghan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICKI S. O'CALLAGHAN

Date

5/7/04

Daytime Phone #

561-641-1009

CR25081 (01/04)