

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 MAR -1 PM 12: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000074152

1. Corporation Name

Leesburg Communications Inc

300093740073
03/19/07--01037--013 **750.00

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
2545 South St

3. Mailing Office Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Leesburg FL

City & State

Zip
34748

Country
Lake

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida
Sept 1999

5. FEI Number
59-3594697

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
Douglas Jenkins

Street Address (P.O. Box Number is Not Acceptable)
2545 South St

Suite, Apt. #, Etc.

City
Leesburg

State
FL

Zip Code
34748

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Douglas Jenkins
REGISTERED AGENT MUST SIGN

Date **02/27/07**

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 | Douglas Jenkins | 9830 Wedgewood Ln | Leesburg FL 34788 |
| VP | Avalene Jenkins | 9830 Wedgewood Ln | Leesburg FL 34788 |
| | | | |

B 3/2/07

REINSTATEMENT 03-07

10. I certify that I am an officer or director or the recelver 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 contained in Chapter 119, 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: *Douglas Jenkins* Douglas Jenkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/27/07
Date

352-787-6662
Daytime Phone #