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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

REINSTATEMENT *6002*

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000089929			
1. Corporation Name L.D.R. Leads, Inc.			
2. Principal Office Address One South Ocean Boulevard Suite 321 Boca Raton, FL Zip 33432 Country USA		3. Mailing Office Address One South Ocean Boulevard Suite 321 Boca Raton, FL Zip 33432 Country USA	
		4. Date Incorporated or Qualified To Do Business in Florida 10/12/99	
		5. FBI Number 65-0478865	
		6. CERTIFICATE OF STATUS DESIRED ☐ See 75. Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name: Katharine Schlien Street Address (P.O. Box Number is Not Acceptable): One South Ocean Boulevard Suite, Apt. #, Etc.: Suite 321 City: Boca Raton, FL 33432			
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: <i>Katharine Schlien</i> Date: 4/4/02 REGISTERED AGENT MUST SIGN			
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, D	Katharine Schlien	One South Ocean Boulevard, Suite 321, Boca Raton, FL 33432	
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)(b), 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: <i>Katharine Schlien</i> Katherine Schlien SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR		4/4/02 Date	954-522-1717 Daytime Phone #

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Florida Department of State

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CORPORATION REINSTATEMENT

L.D.R. LEADS, INC.

Certificate of Status	1
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KIPNIS TESCHER LIPPMAN & VALINSKY

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