

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR -6 AM 11:04

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000096971

1. Corporation Name

Lebron And Associates, Inc.

500011137325  
02/28/03--01071--003 \*\*308.75

2. Principal Office Address

1962NW97th Ave

Suite, Apt. #, etc.

House

City & State

Coral Springs, FL

Zip

33071

Country

Broward

3. Mailing Office Address

1962NW97th Ave

Suite, Apt. #, etc.

House

City & State

Coral Springs, FL

Zip

33071

Country

Broward

500011137325  
02/28/03--01045--020 \*\*591.25

4. Date Incorporated or Qualified  
To Do Business in Florida

Nov / 1999

5. FEI Number

650961998

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

38.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Agapito Peter Lebron

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

1962 NW 97th Ave

Suite, Apt. #, Etc.

Private House

City

Coral Springs

State

FL

Zip Code

33071

**REINSTATEMENT 02-03**

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

Agapito Peter Lebron  
REGISTERED AGENT MUST SIGN

Date 1-16-2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip      |
|--------|--------------------------------------|---|-------------------------|
| P      | Agapito Peter Lebron                 | 1962 NW 97th Ave                                  | Coral Springs, FL 33071 |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |

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:

Agapito P. Lebron  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-16-2003

Daytime Phone #

(954)  
803-5745

CR2E081 (10/02)