

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/31/02--01070--004 **458.75

DOCUMENT # p9900D111 308

1. Corporation Name

Leak Proof Technologies, Inc.

2. Principal Office Address

855 Lamp Post Ln.

Suite, Apt. #, etc.

City & State

Lakeland FL

Zip

33809

Country

USA

3. Mailing Office Address

855 Lamp Post Ln.

Suite, Apt. #, etc.

City & State

Lakeland FL

Zip

33809

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

Dec. 1999

5. FEI Number

593616855

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

James W. Davis

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

855 Lamp Post Ln.

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33809

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12-30-02

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	James W. Davis	855 Lamp Post Ln.	Lakeland, FL 33809
V	James W. Davis	855 Lamp Post Ln.	Lakeland, FL 33809
S	James W. Davis	855 Lamp Post Ln.	Lakeland, FL 33809
T	James W. Davis	855 Lamp Post Ln.	Lakeland, FL 33809

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-30-02

Daytime Phone #

1.863.8599316

CR2E061 (9/01)

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LEAK PROOF TECHNOLOGIES, INC.

December 30, 2002

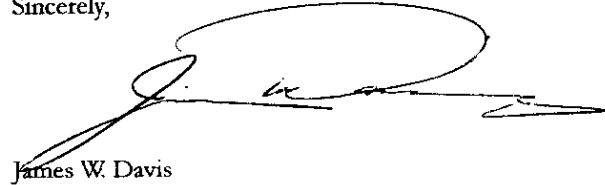
409 E. Gaines St.
Tallahassee, FL 32399

Dear Sir or Madam:

I wish to reinstate my company. I did not receive my letter for payment. The address was wrong. Sometime later, a neighbor had brought me my mail. I did not have the money to pay for this mistake. I called your office today on 12/30/02, and explained my situation. The lady asked me to send \$450.00 and a letter of explanation, which I am doing. Her name was Michelle and she did have the address in her computer wrong. I hope to correct this now for the future and I would like to have the reinstatement charge dropped. I hope you can help me.

My company's name is, Leak Proof Technologies, Inc., at: 855 Lamp Post Lane, Lakeland, FL 33809. Leak Proof Technologies, Inc., incorporated in December 1999, in the USA. The EIN number: 593616855. My telephone number is 1.863.859.9316.

Sincerely,

A handwritten signature in black ink, appearing to read 'James W. Davis', with a large, looping flourish above the name.

James W. Davis
President