

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 APR 16 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *V43868*

1. Corporation Name:

TRANS-CONTINENTAL LEATHER COMPANY

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

777 N. W. 72nd Avenue

Suite, Apt. #, etc.

2 B-9

City & State

MIAMI, FLORIDA

Zip

33126

Country

U.S.A.

3. New Mailing Office Address, If Applicable

100 N. Biscayne Blvd.

Suite, Apt. #, etc.

703

City & State

Miami, Florida

Zip

33126

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 16, 1992

5. FEI Number

65-0344224

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/D	LESZEK LADOWSKI	100 N. Biscayne Blvd. Suite 703	Miami, Florida 33126
			700002494647-- 0
			04/21/98--01021--017
			***1050.00 ***1050.00
			REINSTATEMENT 96-98
			A. Alan
			4/16/98

8. Name and Address of Current Registered Agent

JORGE E. BLANCO
9270 N. W. 100 Street
Miami, Florida

9. Name and Address of New Registered Agent

Name

LESZEK LADOWSKI

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

777 N. W. 72nd Avenue

Suite, Apt. #, Etc.

2 B-9

City

MIAMI

State

FL

Zip Code

33126

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 4-7-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-98

Date

(305) 358-5052

Daytime Phone #

CR2E040 (1-98)