


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b> 		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  97 JAN -6 PM 4:18  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>105000097796</u> 1. Corporation Name <u>BOB LEVINE, INC.</u>					
Principal Place of Business <u>1337 FUNSTON ST.                  HOLLYWOOD, FL 33020</u>		Mailing Address <u>1865 S. OCEAN DR.                  SUITE 51K                  HALLANDALE, FL 33009</u>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable <u>1865 S. OCEAN DR.</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>12/22/95</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <u>SUITE 51K</u>		5. FBI Number <u>65-0645509</u>	
City & State		City & State <u>HALLANDALE, FL 33009</u>		Applied For Not Applicable	
Zip		Zip <u>33009</u>		Country <u>U.S.A.</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>					
7. Names and Street Addresses of Each Officer and/or Director: (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4		
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		
<u>PRES/VP.</u>	<u>ROBERT LEVINE</u>	<u>1337 FUNSTON ST.                  HOLLYWOOD, FL 33020</u>			
<u>SEC.</u>	<u>NANCY A. HASS, ESQ.</u>	<u>1865 S. OCEAN DR.                  SUITE 51K</u>	<u>HALLANDALE, FL 33009</u>		
7000002050067 7 -01/08/97--01032--013 ***375.00 ***375.00 <u>161-10-97</u>					
8. Name and Address of Current Registered Agent <u>NANCY A. HASS, ESQUIRE                  1865 S. OCEAN DR.                  SUITE 51K                  HALLANDALE, FL 33009</u>			9. Name and Address of New Registered Agent		
Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City			State Zip Code <u>FL</u>		
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 <u>Nancy A. Hass</u> Date <u>12/1/96</u> REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>Nancy A. Hass, Esq., Chairman/Dir.</u> Date <u>12/1/96</u> Daytime Phone <u>954-455-0129</u> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CITR2041 (1-2-95)