

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 JAN 28 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 9950000977ab

1. Corporation Name

BOB LEVINE, Inc.

**REINSTATEMENT** 02-04

2. Principal Office Address

1337 FUNSTON ST.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

Zip

Country

33019

USA

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12-01-1994

5. FEI Number

65-0645509

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

ROBERT LEVINE

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

1337 FUNSTON ST.

Suite, Apt. #, Etc.

City

HOLLYWOOD FL

State

FL

Zip Code

33019

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

Robert Levine  
REGISTERED AGENT MUST SIGN

Date

1/20/2004

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
<u>PRES</u>	<u>ROBERT LEVINE</u>	<u>1337 FUNSTON ST</u>	<u>HOLLYWOOD FL 33019</u>

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:

Robert Levine ROBERT LEVINE

Date

1/20/2004

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

ROBERT LEVINE  
1337 FUNSTON STREET  
HOLLYWOOD, FL. 33019

January 15, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: Bob Levine, Inc  
FEI # 65-0645509

Dear Sirs,

I am enclosing a Reinstatement Application for the above named corporation, which was dissolved in 2002, together with a check in the amount of \$ 450.00.

Please be advised that due to the travel requirements of my business, I spend a good deal of the year up north, out of state. I've since discovered that mail, such as the Annual Report, is not always forwarded.

My late wife usually took care of these details and I have been trying to catch up with the various matters involved. I've made arrangements with my accountant to schedule the Annual Report so that even if the forms do not reach me, they can be attended to on time.

It's never been my intention to neglect these requirements or dissolve the corporation in question. I trust that my explanation will be accepted in this instance.

Sincerely,

  
Robert Levine